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ZAMBIA INTEGRATED SYSTEMS STRENGTHENING PROGRAM

QUARTERLY REPORT

APRIL – JUNE 2013

July 2013

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ZISSP
Increasing the use of High Impact Health Services

QUARTERLY REPORT

April - June 2013

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.

The Zambia Integrated Systems Strengthening Program is a technical assistance program to support the Government of Zambia. The Zambia Integrated Systems Strengthening Program is managed by Abt Associates, Inc. in collaboration with American College of Nurse-Midwives, Akros Research Inc., Banyan Global, Johns Hopkins Bloomberg School of Public Health-Center for Communication Programs, Liverpool School of Tropical Medicine, and Planned Parenthood Association of Zambia. The project is funded by the United States Agency for International Development, under contract GHH-I-00-07-00003. Order No.GHS-I-11-07-00003-00.

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ACRONYMS

ADH	Adolescent Health
AID	Active Infection Detection
APAS	Annual Performance Appraisal System
ARH	Adolescent Reproductive Health
ART	Anti-retroviral Treatment
BCC	Behavior change communication
CBGMP	Community-Based Growth Monitoring and Promotion
CDMO	Community District Medical Officer
MCDMCH	Community Development, Mother and Child Health
CHAI	Clinton Health Access Initiative
CHAZ	Churches Health Association of Zambia
CHC	Community Health Coordinators
C-IYCF	Community Infant and Young Child Feeding
DCCT	District Clinical Care Teams
DHMT	District Health Management Team
DHMT	District Health Management Team
DHO	District Health Offices
EHT	Environmental Health Technicians
EmONC	Emergency Obstetric and Neonatal Care
FANC	Focused ante-natal care

GFC	Groups Focused Consultations
GNC	General Nursing Council
GIS	Geographical Information System
HPCZ	Health Professionals Council of Zambia
HR	Human Resource
HRA	Human Resource Administration
HRIS	Human Resource Information System
HRHS	Human Resource for Health Specialist
iCCM	Integrated Community Case Management
ICC	Interagency Coordinating Committee
IRS	Indoor Residual Spraying
IRMTWG	Insecticide Resistance Management Technical Working Group
ISMS	International Site Management System
IYCF	Infant and Young Child Feeding
LAFP	Long Acting Family Planning
LTFP	Long-term Family Planning
MOH	Ministry of Health
MCDMCH	Ministry of Community Development Mother and Child Health
MTEF	Mid Term Expenditure Framework
NHSP	National Health Strategic Plan
NHC	Neighborhood Health Committee
NIPA	National Institute for Public Administration
NMCC	National Malaria Control Center
NMCP	National Malaria Control Program
NHA	National Health Accounts

NTOP	National Training Operational Plan
NGST	National Grants Support Team
PA	Performance Assessment
PHO	Provincial Health Offices
PMI	Presidential Malaria Initiative
PMP	Performance Management Package
PSMD	Public Service Management Division
PR	Portfolio Report
PCCT	Provincial Clinical Care Teams
RDT	Rapid Diagnostic Testing
RDT	Rapid Detection Tests
RDL	Radio Distance Learning
RED	Reaching Every Child in Every District
SAPR	Semi-Annual Performance Report
SMGL	Saving Mothers Giving Life Endeavor
SLA	Service Level Agreement
TSS	Technical Support Supervision
WHO	World Health Organization
WISN	Workload Indicator on Staffing Needs
ZDH	Zambia Demographic and Health Survey
ZHWRS	Zambia Health Worker Retention Scheme
ZISSP	Zambia Integrated Systems Strengthening Program
ZMLA	Zambia Management leadership Training

EXECUTIVE SUMMARY

The USAID-funded Zambia Integrated Systems Strengthening Program (ZISSP) continued, during the quarter under review, to work closely with the Ministry of Health (MOH) and Ministry of Community Development Mother and Child Health (MCDMCH) at national, provincial, district and community levels to strengthen skills and systems for planning, management and delivery of health services. The program has also been working with communities to foster increased use of public health services.

The report highlights ZISSP activities during the second quarter of 2013. The main activities include strengthening high-impact health services for HIV/AIDS, malaria, family planning, maternal, new born and child health and nutrition. Below is a summary of the major activities carried out under the various program areas;

Human Resource for Health: In April 2013, ZISSP provided financial support to eight senior IT staff and four senior human resources staff from MOH to be part of the 14 day workshop at which a tailor made MOH HRIS and a user manual, on how to use the system was developed. The HRIS is being reviewed for approval by management within the MOH prior to its finalization.

Maternal, Neonatal and child health: The MOH, with support from ZISSP, trained 28 health care workers (3 males, 25 females) from four districts of Copper Belt Province and one district of Central Province in long-acting family planning (LAFP) methods. These healthcare workers were equipped with the knowledge and skills to enable them to provide quality FP counseling and clinical services and contribute to increasing the contraceptive prevalence rate.

Clinical Care: Development of QI job aides is aimed at equipping the QI committees with tools that will support them to operationalize QI in health service delivery. The national QI TWG has identified QI job aids from the training package. Several samples of the QI job aides ("PIA framework," "flow chart," "Fish bone analysis" and the "BUT WHY TREE") have been submitted to Creative Services at Abt for the graphic designers to develop samples for the QI TWG to review. The selected ones will be printed in bulk and distributed to health facilities.

Management Specialist: ZISSP assisted Provincial Health Offices (PHOs) to hold two-day pre-planning launch meetings where provinces reviewed their performance for the previous year in key health interventions such as malaria, HIV/AIDS, maternal and child health and nutrition, using the Health Management Information Systems (HIMIS) indicators and provincial action plans. The Provincial Statistical Bulletins developed in 2012 and the newly developed

step-by-step guide to planning with ZISSP support was among the reference tools used during planning activities for this year.

Malaria: In order to improve the quality of training of supervisors and spray operators, ZISSP reviewed and developed the training of trainers (TOT) training materials and modules respectively. The purpose of these modules is to provide tools that would enable master trainers to provide effective training to IRS supervisors. ZISSP supported a team from NMCC, MOH and MCDMCH to update these materials into revised training modules and to ensure that these are tested during the TOT. Training materials used to train spray operators are also being reviewed and revised and will be tested during the training of spray operators.

Community: ZISSP trained 47 SMAG (17 males, 30 females) trainers drawn from 36 health facilities across nine district health offices (Lufwanyama, Shangombo, Serenje, Mbala, Mwinilunga, Sinazongwe, Nchelenge, Chongwe, and Mambwe) and one Provincial Health Office (PHO) (Copper Belt) in Livingstone with support from ACNM. This brings the total number of SMAG trainers across the country to 198 (75 males and 123 females).

ZISSP Launched the RDL program which was developed to supplement SMAGs trainings and promote local dialogue to solve safe motherhood barriers. The program was launched by the Minister of Community Development Mother and Child Health. In attendance was also USAID and partners in safe motherhood implementation. The launch took place on 30th May 2013.

Monitoring and Evaluation: ZISSP implemented a data management flow chart for both quantitative and qualitative indicators which was developed in the first quarter. The chart shows the step by step process of data submission. This process has improved data quality and accuracy in terms of generating monthly and any other type of reports

1. INTRODUCTION

ZISSP has continued to work in collaboration with the Ministry of Health (MOH) in Zambian to strengthen skills and systems for planning, management, and delivery of high-impact health services at national, provincial, and district levels.

During the third quarter of 2012, ZISSP facilitated trainings and mentorship programs for MOH personnel. ZISSP also assisted the MOH to produce various publications.

The first section of this report focuses on the activities carried out in the second quarter by the various technical teams. The second section explores the challenges faced and the solutions put forward to address them. The third section of the report outlines the focus areas for the four quarter of 2012.

1.1 PROGRAM OBJECTIVES

ZISSP's overarching goal is to work with the MOH to nurture sustained improvements in the management of the health system while also increasing the utilization of high-impact health services.

1.2 ZISSP COMPOSITION

ZISSP is led by Abt Associates Inc. which works in partnership with Akros Research, the American College of Nurse Midwives (ACNM), Banyan Global, BroadReach Institute for Training and Education (BRITE), the Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (CCP), Liverpool School of Tropical Medicine (LSTM), and the Planned Parenthood Association of Zambia (PPAZ).

2. TASK ONE: SUPPORT FOR THE CENTRAL MINISTRY

2.1. HUMAN RESOURCES FOR HEALTH

2.1.1. HRIS DEVELOPMENT

The Ministry of Health (MOH), Directorate of Human Resources and Administration (DHRA), does not have a comprehensive Human Resource Information System (HRIS) which can be used for storing employee data for manpower planning, general human resource management functions and generating human resource reports for decision making. Within Government, there exists the Payroll Management and Establishment Control (PMEC) System. This system is payroll focused and centrally controlled by Cabinet Office. The MOH does not have direct access to the PMEC system and its data usability is limited.

At a Human Resource (HR) capacity building workshop for HR staff, supported by ZISSP, held in June 2012, an agreement on the type of Human Resource reports (Routine / adhoc) required from a HRIS was made. Further, the participants agreed on the database structure and the strategy for the development and implementation of the standardized database and timelines for implementation;

In April 2013, ZISSP provided financial support to eight senior IT staff and four senior human resources staff from MOH to be part of the 14 day workshop at which a tailor made MoH HRIS and a user manual, on how to use the system was developed. The HRIS is being reviewed for approval by management within the MOH prior to its finalization. A training of trainers' workshop in HRIS has been scheduled for the third quarter of 2013. Additionally, ZISSP developed a monitoring and evaluation checklist for use by all stakeholders to ensure that the agreed activities are undertaken according to schedule. The human resources (HR) function consists of tracking employee data which traditionally includes personal histories, skills, capabilities, accomplishments and personal emoluments. These tasks require an effective and efficient HRIS in place for timely reports. The aim of the HRIS is to have an up-to-date HR database system for MOH which will collect, maintain, analyze and produce relevant reports on the health personnel.

2.1.2. IMPLEMENTATION AND ROLLOUT OF PMP

ZISSP provided financial and technical support to the MOH and to the Public Service Management Division (PSMD) to facilitate the implementation of a five day training of trainers'

workshop on the Performance Management Package (PMP) for the newly created Muchinga Province. The key objective of the PMP was to improve organization and individual performance by introducing a new work culture of work planning, target setting and introducing an open appraisal system called the Annual Performance Appraisal System (APAS) for assessing individual performance. A total number of 10 trainers (7 males and 3 females), including the Provincial Medical Officer (PMO) from Muchinga Province, were trained as trainers on the PMP. The trainers will facilitate the rollout of the PMP to all districts and health facilities in Muchinga Province.

ZISSP provided technical support towards enforcing and institutionalizing the PMP in the MOH by drafting letters to all PMOs, Medical Superintendents and Directors in MOH, and signed by the Permanent Secretary. Another memo, signed by the Director of Human Resources and Administration (HRA) was sent to all staff under the Directorate of HRA. This was to ensure that all staff submitted their individual work plans for the year 2013. The APAS was used as a means for assessing staff performance.

In June 2013, ZISSP provided technical and financial support to two MOH teams to undertake PMP technical support and monitoring and evaluation visits to three provinces namely, Lusaka, Central and Luapula Provinces. The teams were able to verify information from the progress reports on the implementation of the PMP. They also evaluated the work plans developed and provided on the spot technical advice to facilitate the quick implementation and institutionalization of the PMP in the three provinces.

2.1.3. OTHER HUMAN RESOURCES FOR HEALTH ACTIVITIES

In May 2013, two members of staff from ZISSP, the Human Resource for Health Specialist (HRHS) and the Capacity Building Expert, participated in a five day workshop conducted for a committee that had been appointed by the MOH for the purpose of reviewing the draft 2012 National Training Operational Plan (NTOP) report developed by the MOH with technical support provided by the Clinton Health Access Initiative (CHAI). This review workshop was as a result of the recommendations made by the named two ZISSP participants, in January 2013, after an independent review of the first NTOP draft report produced by CHAI in 2012. The recommendation was made to enable the MOH involve more stakeholders to determine key priority interventions and cadre specific training scale-up targets in order to increase capacity to produce more health care workers (HCWs) nationally and deploy them more equitably within the public health sector. The final report, which includes a costed plan for sharing with Cooperating Partners, has since been produced.

ZISSP also developed an abstract based on the 2012 capacity development interventions carried out in order to improve the performance of the MOH health workers highlighting the

importance of worker centered problem solving strategies in performance improvement. Observable changes in the performance of administrative and HR staff within the MOH headquarters through work station reorganization were noted. There was observed reduction in queues outside HRM offices.

2.1.4. IMPLEMENTATION OF THE WISN

The Ministry of Health has decided to adopt the WHO-designed Workload Indicators for Staffing Needs (WISN) tool as a means for effective and efficient health workforce planning and management. The tool is designed to, among other things: determine how many health workers are required to cope with actual workload in a given facility; estimate staffing required to deliver expected services at each health facility based on workload; and compare staffing levels between heath facilities and clinical departments. The core objective of the tool is to assist the Ministry of Health determine staffing structures based on evidence generated through use of the tool.

With support of ZISSP, the Ministry of Health has embarked on a programme to pilot the tool and to train trainers on the WISN to facilitate the full rollout of the tool in all health facilities.

Following a training of trainers on the WISN, which took place in October 2012, the Ministry decided to pilot the tool at 3 health facilities in all provinces (1 General Hospital, 1 urban and 1 rural health facility) prior to its full rollout.

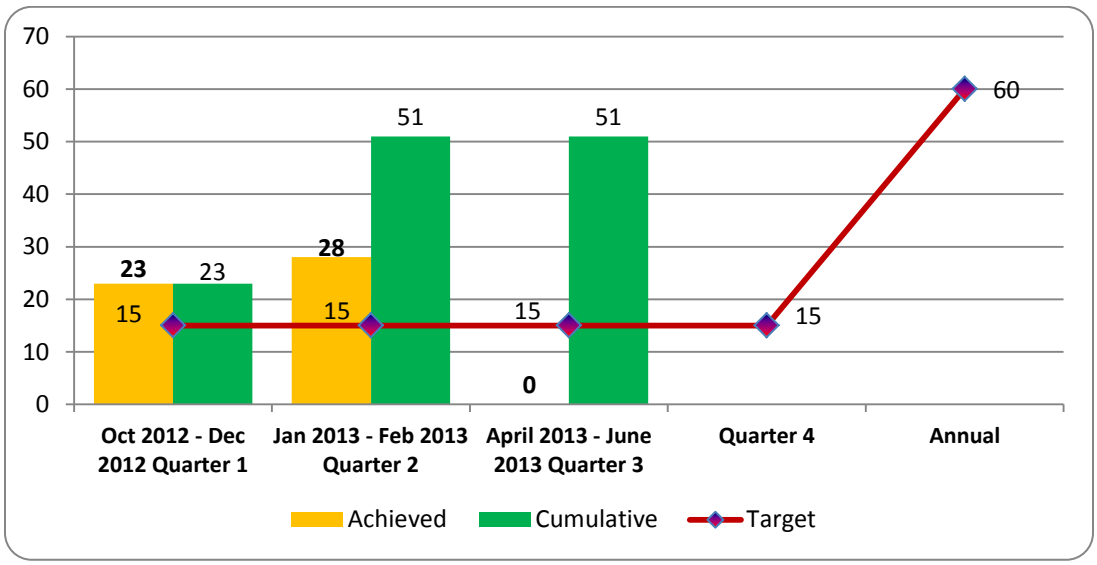
During the second quarter of 2013, the Management Specialist for Central Province, in collaboration with PHO staff, participated in the data collection and analysis exercises at selected health facilities in Mkushi and Kabwe Districts of Central province; namely Kabwe General Hospital, Ngungu Urban Clinic, Kanyesha Health Post, Nkolonga Health Post and Chibefwe Urban Health Centre. By the end of the quarter under review, the data collection process was still on-going in all pilot sites, except for Mkushi where the exercise has since been concluded. The result of this exercise will be new staffing structures determined for the health facilities visited to enhance their capacity to provide effective health services to the communities in their localities.

2.2 FAMILY PLANNING AND ADOLESCENT HEALTH

2.2.1 LONG ACTING FAMILY PLANNING SERVICES

The MOH, with support from ZISSP, trained 28 health care workers (3 males, 25 females) from four districts of Copperbelt Province and one district of Central Province in long-acting family planning (LAFP) methods. These healthcare workers were equipped with the knowledge and skills to enable them to provide quality FP counseling and clinical services and contribute to increasing the contraceptive prevalence rate beyond the Zambia Demographic and Health Survey (ZDHS) 2007 figure of 34 percent. Fifty-one healthcare workers (36 males and 15 females) have been trained in LAFP methods from October 2012 to June 2013 with ZISSP support against a target of 60. ZISSP has, in total, supported the training of 223 (88 males and135 females) healthcare workers in LAFP since the inception of the project.

Figure A ***Shows Health Workers trained in Long Acting Family Planning***

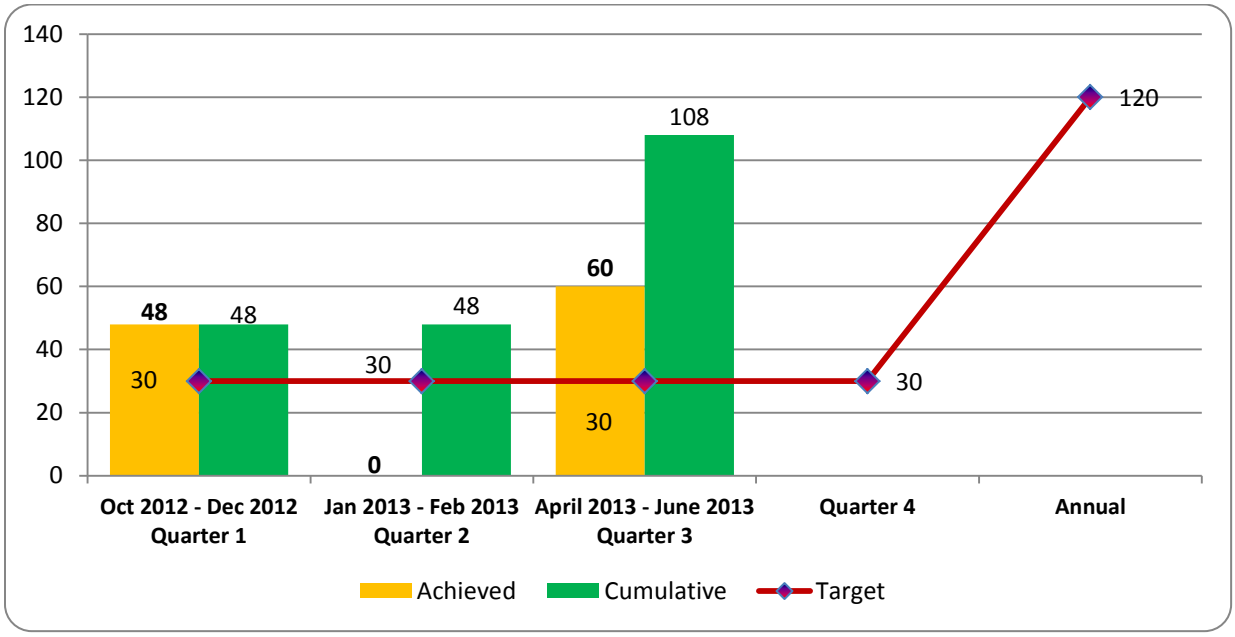


A retrospective assessment to ascertain the impact of the LAFP training of health care workers is underway and will be conducted in September 2013. ZISSP also continued to work with the MCDMCH to finalize the development of the training manual for health workers, nurse tutors and clinical instructors. The training manual will be finalized in a FP TWG meeting planned for quarter three, 2013. ZISSP held discussions with General Nursing Council (GNC) on the integration of LAFP into the nurses' curricula. GNC's position is that the curricula for both nursing and midwifery appeared sufficient with respect to the theoretical content of the training. However GNC conceded that skills training remained a challenge mainly due to inadequate models and skills labs. GNC has not positioned itself firmly on integration of LAFP into the existing nurses curricula, and has proposed holding a consultative meeting for stakeholders, which is planned to take place in quarter three.

2.2.2 COMMUNITY BASED DISTRIBUTION SERVICES

ZISSP funded two 10-day trainings of 60 (31 males and 29 females) community members from Mwinilunga, North-Western Province and from Sinazongwe Districts in Southern Province as community based distributors of family planning methods. The gender disaggregation of these trainings is shown in the figure below. The training equipped the participants with knowledge and skills to enable them to provide FP services within their communities. From the project inception to date, ZISSP has provided support to train 249 (127 males and 122 females) community members as community based distributors. In addition, ZISSP continued to provide technical support to the MCDMCH to finalize the development of the training manual for community based distributors. The training manual will be finalized in a FP TWG meeting planned for quarter three.

Figure B ***Shows Community based distributor's achievements***



Gender Distribution by District of Trained Community Based Distributors – April 2013 – June 2013

District	Total trained	Males	Females
Mwinilunga	30	17	13
Sinazongwe	30	14	16
Total	**60**	**31**	**29**

2.2.3 ADOLESCENT HEALTH SERVICES

2.2.3.1 ADOLESCENT HEALTH KNOWLEDGE AND SKILLS EXPANSION

ZISSP supported the MCDMCH to train 44 (20 females and 24 males) peer educators in adolescent health from 11 health facilities in Nakonde and Mpika districts. The training equipped the participants with knowledge and skills to discuss sexual and reproductive health issues and facts with adolescents and young people. This year, ZISSP has been supporting 11 facilities in addition to the 27 facilities in Nakonde and Mpika. ZSSP seeks to train as peer educators a critical mass of young people in a small geographical area in order to learn lessons that may be applied elsewhere.

ZISSP selected a consultant to consolidate the peer education training manuals into a national peer education training package in order to harmonize the messages and standardize peer education training in Zambia. The first draft of the training manual has been reviewed by stakeholders and the consultant is in the process of consolidating the comments, and will incorporate input from the youth through focus group discussions. The training manuals are expected to be ready to pilot in August.

ZISSP supported the MCDMCH to validate the Adolescent Health Communication Strategy that will be used in conjunction with the Adolescent Health Strategic Plan and Adolescent Health Standards. These documents provide a guide to the implementation of adolescent health activities in Zambia. The draft communication strategy was reviewed by Adolescent Reproductive Health TWG members and the Abt communication expert through STTA. As a follow up to this review, the consultant is in the process of gathering more information from adolescents and youth through focus group disucssions in Lusaka, Kafue and Chongwe districts.

2.3 EMERGENCY OBSTETRIC AND NEONATAL CARE

2.3.1 EXPANSION OF EmONC SERVICES

ZISSP provided financial and technical support to complete the Emergency Obstetric and Neonatal Care (EmONC) training for 39 healthcare workers (16 males, 23 females) from Chongwe, Luangwa, Gwembe and Mambwe districts. This brings the total number of healthcare workers trained in EmONC in 2013 to 59 (25 males and 34 females) in seven districts. Having trained 20 healthcare workers from five EmONC sites in six districts in the last quarter of 2012, ZISSP has attained 79% of the set target of 100 for the fiscal year. Since the inception of the project, ZISSP has trained 312 (126 males and 186 females) healthcare workers representing 91% of the life of project target and covering 23 ZISSP target districts. These EmONC trained healthcare workers will be able to identify and manage emergency maternal and neonatal conditions, thus contributing to the reduction of maternal and neonatal morbidity

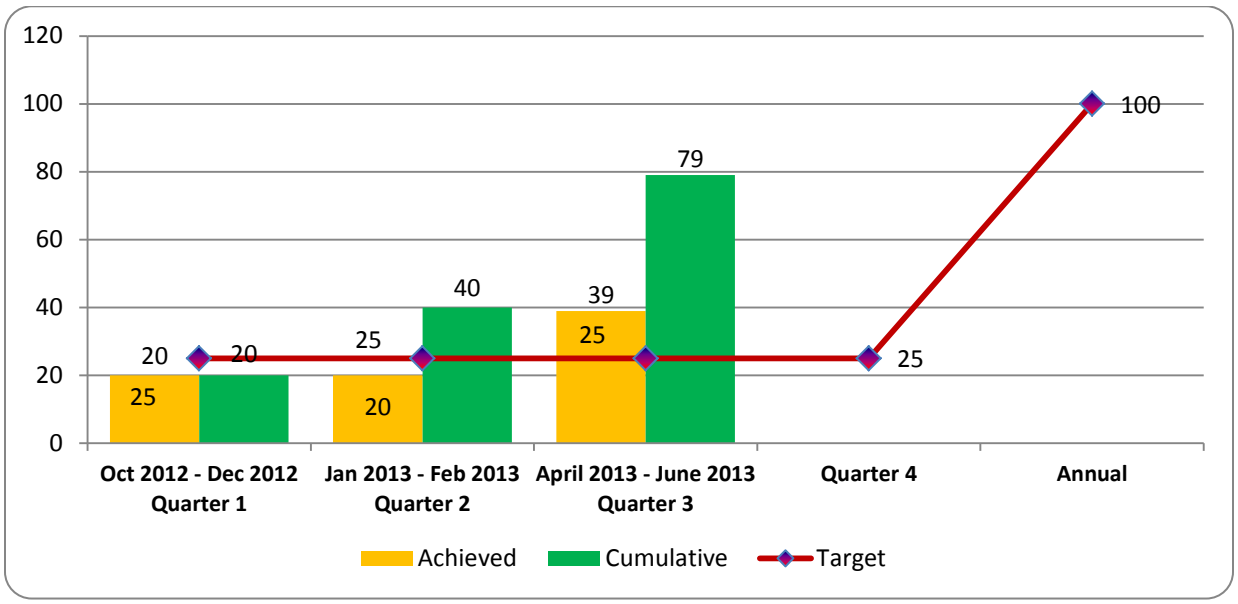
and mortality. One such success is narrated by Tebia Kambuli, an EmONC trained midwife from Kalomo (read text box).

Tebia examines a woman in labor.

"I was once caught up with a case of breech presentation when a pregnant woman in labor tried to deliver at home. She was brought to the facility with one of the baby's legs already out. I immediately knew it was an emergency and I had to do something quickly. I employed all that I learnt during the EmONC training and managed to deliver and resuscitate the baby. The baby was very big and healthy; it was the happiest moment of the life."

This quarter, ZISSP supported post-training supportive supervision for 40 EmONC trained healthcare providers in Southern, North-Western, Western, Copperbelt and Northern Provinces. The purpose of the technical supportive supervision was to assess EmONC services being provided, identify and address gaps and areas that need mentorship. Most of the EmONC trained providers at health center level are able to perform a number of procedures such as manual removal of retained placenta that prior to the training, they would have opted to refer to the next level of healthcare delivery. ZISSP also provided financial support for pre-training site assessments in selected health facilities in Mambwe, Gwembe, Mwinilunga, Chiengi, Solwezi and Mwinilunga districts. These assessments help to identify the provider and facility needs (staffing levels, drugs, equipment and infrastructure) prior to EmONC training. The major findings of the assessment include lack of trained EmONC providers in all basic EmONC sites visited, inadequate EmONC equipment, poor infection prevention practices, lack of clinical protocols and lack of maternity waiting shelters.

Figure C ***Shows Emergency Obstetric and Neonatal Care providers trained by quarter***



2.3.2 STRENGTHENING MIDWIFERY EDUCATION

In 2012, ZISSP in collaboration with ACNM provided technical and financial support to improve skills labs at three Direct Entry Midwifery (DEM) Schools in Chipata, Roan and Nchanga. Thirteen tutors and clinical instructors were trained in skills lab management, and various models, simulators and equipment were purchased for the three DEM schools in order to improve midwifery education. As a result of the training and models provided to the institutions, instructors and tutors are now better equipped to teach their students, and similarly students are more engaged in their learning environment.

In 2013 ZISSP will support strengthening of skills labs at three additional midwifery schools in Livingstone, Chilonga and Ndola.

During the quarter under review, ZISSP provided financial and technical support to conduct site assessments in Livingstone, Ndola and Chilonga Midwifery Schools. The purpose was to assess the needs of skills labs (models, equipment and infrastructure) in order to plan purchase of models and equipment, prior to skills lab training. The major findings from the site assessments include the need for Livingstone and Ndola Schools of Nursing and Midwifery to identify space that may be used exclusively as a skills lab area for midwifery, which the two schools need to address prior to purchase of models, simulators and skills lab equipment. The skills lab management training will be conducted in the third quarter.

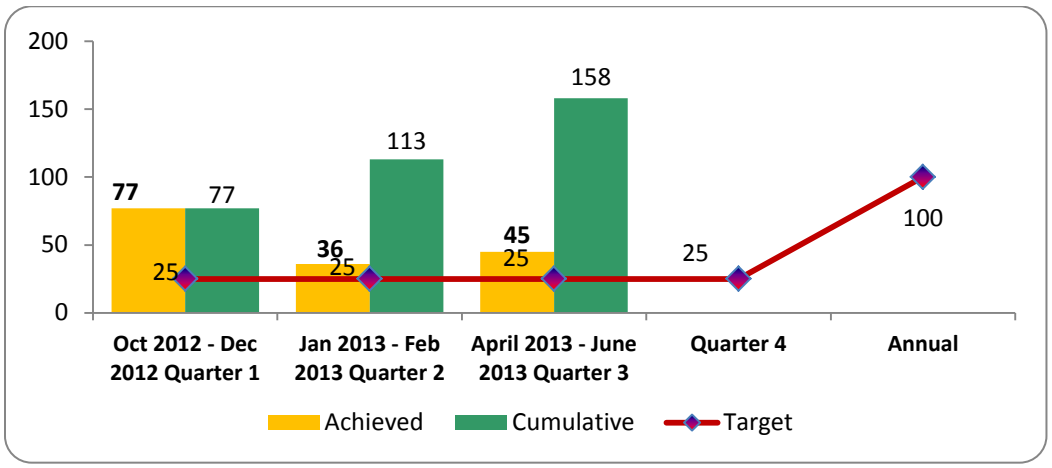
2.4 CHILD HEALTH

2.4.1 IMPROVE IMMUNIZATION SERVICES

Following the training of 45 health care workers (39 males, 6 females) in the Reaching Every Child in Every District (RED) strategy in the three target districts of Western Province, ZISSP supported three post follow up visits to 80% of health staff trained in the RED strategy. This was aimed at improving district support towards implementation of RED strategy activities designed to strengthen routine immunizations. All the five facilities visited had at least one staff trained in immunization. Most health facility staff noted that the financial support provided by the Community District Medical Office (CDMO) was inadequate resulting in postponement of outreach activities.

The summary of the Zambia 2010-2012 immunization coverage trend, which was reviewed during the second quarter of the Interagency Coordinating Committee (ICC) meeting on the status of coverage on the four antigens (BCG, OPV3, Penta 3 and measles), showed a number of districts which are challenged in achieving the target coverage rate. It was noted that for Penta 3 and measles, the majority of the districts (>75%) had coverage of above 80% in 2012. However, coverage rates in Mkushi and Sinazongwe districts in Central and Southern Provinces were below 50% for both antigens - a situation that required urgent technical assistance.

Figure D ***Health workers trained in Reaching Every Child in Every District (REDs)***



ZISSP undertook a fact finding visit to Mkushi District to facilitate the identification of major causes of low immunization performance. The major causes included an inadequate number of trained health workers to carry out the immunization services, lack of transport and refrigerator maintenance. Most staff present at health facilities at the time of the visit had inadequate skills in immunization service delivery and data management.

2.4.2 IMPROVING QUALITY OF CARE FOR SICK CHILDREN

During the second quarter of 2013, ZISSP supported the training of 62 healthcare workers (37 males and 25 females) from six districts of Western and Southern Provinces in Integrated Management of Childhood Illnesses (IMCI). The training is aimed at improving knowledge and skills of healthcare workers to manage sick children using an integrated case management approach. This brings the total number of healthcare workers trained in IMCI with ZISSP support to 86 against a target of 96 in nine districts of North Western, Western and Southern Provinces. Since the inception of the project, ZISSP has supported the training of 465 healthcare workers (245 males and 220 females) in facility-based IMCI in 24 out of 27 districts.

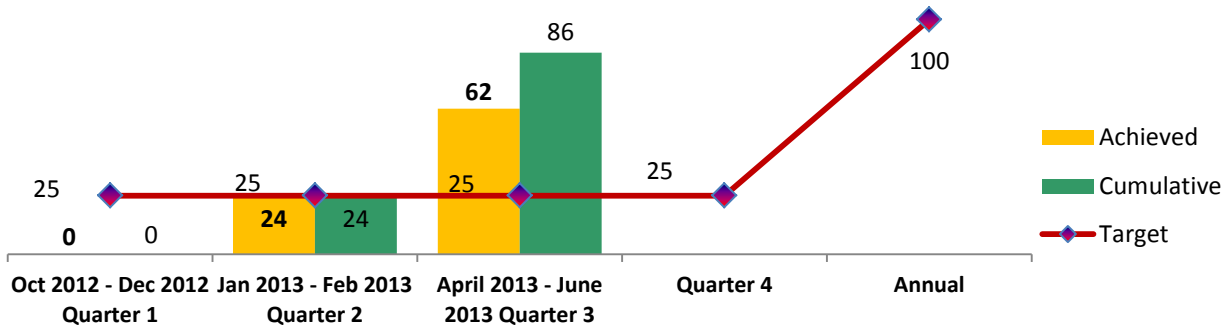


Figure E ***Above Chart shows Integrated Management of Childhood Illnesses (IMCI) by Quarter***

ZISSP also provided support for the IMCI post-training initial follow-up visits to 24 healthcare workers from Lukulu, and Shang'ombo Districts to reinforce the health workers' skills to improve the outcomes of sick children. Assessment for general danger signs was at 65% - 75% and for Lukulu, significantly indicates good quality in case management of sick children as being able to assess the general danger signs helps in identifying severe cases that put the sick child at risk of death. Quality of case management for anemia (67%), HIV and AIDS showed (70%) and immunization/vitamin A was 100% for Lukulu District Health Management Team (DHMT) was generally adequate.

On health systems to support IMCI implementation, some of the essential drugs (Amoxicillin, Gentamycin, Cotrimoxazole, and Coartem Low osmolality ORS and zinc tablets) were out of stock in some of the health facilities in Lukulu and Shang'ombo Districts.

Some key recommendations to improve the quality of case management practices include the need for DHMTs to budget and procure supplementary pediatric formulations for IMCI drugs, pediatric IV sets and NG tubes, ARI timers, under five cards and establish ORT corners.

2.4.3 NUTRITION INTERVENTIONS

2.4.3.1 INFANT AND YOUNG CHILD FEEDINGTRAININGS

ZISSP supported the MOH to train health workers and community volunteers in Infant and Young Child Feeding (IYCF) and Community Based Growth Monitoring and Promotion (CBGMP). The focus of IYCF trainings for ZISSP support for 2013 was in Nyimba and Lundazi Districts.

During the quarter, ZISSP supported the training of 50 healthcare workers in IYCF (29 males, 21 females). Health workers from all the facilities in each of the two districts were trained hence providing human resources capacity to support the activities in the facilities and support the volunteers trained in the communities.

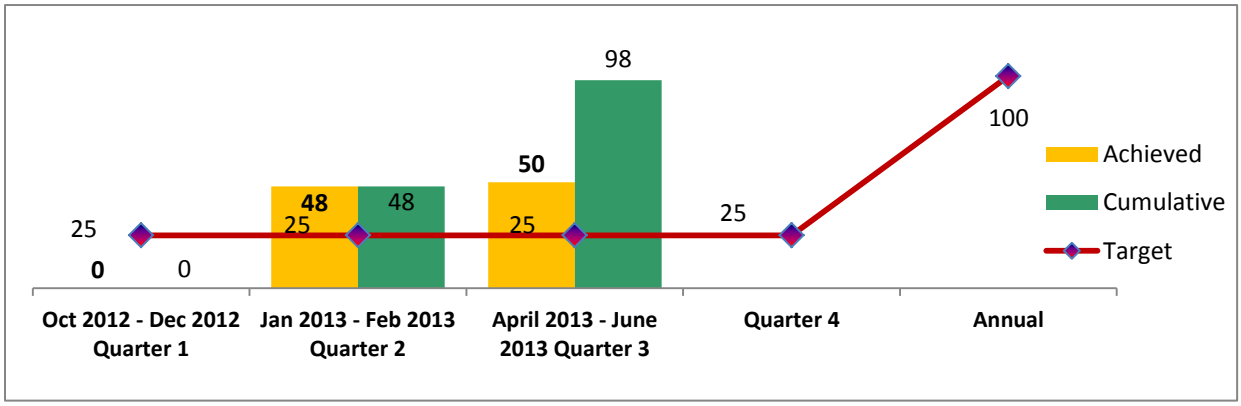


Figure F ***Shows Health Workers trained in Infant and Young Child Feeding (IYCF)***

A health worker preparing food during cooking demonstrations.

In order for the facility-based IYCF interventions to receive community-based support, ZISSP has trained community volunteers in Community IYCF (C-IYCF) and CBGMP within the same districts. ZISSP supported MOH to train 90 community members (46 males and 44 females), from the two districts (Nyimba and Lundazi) in C-IYCF and CBGMP. The participants were equipped with knowledge and skills to counsel, identify, and refer mothers with children in need of nutritional interventions to the next level of health care.

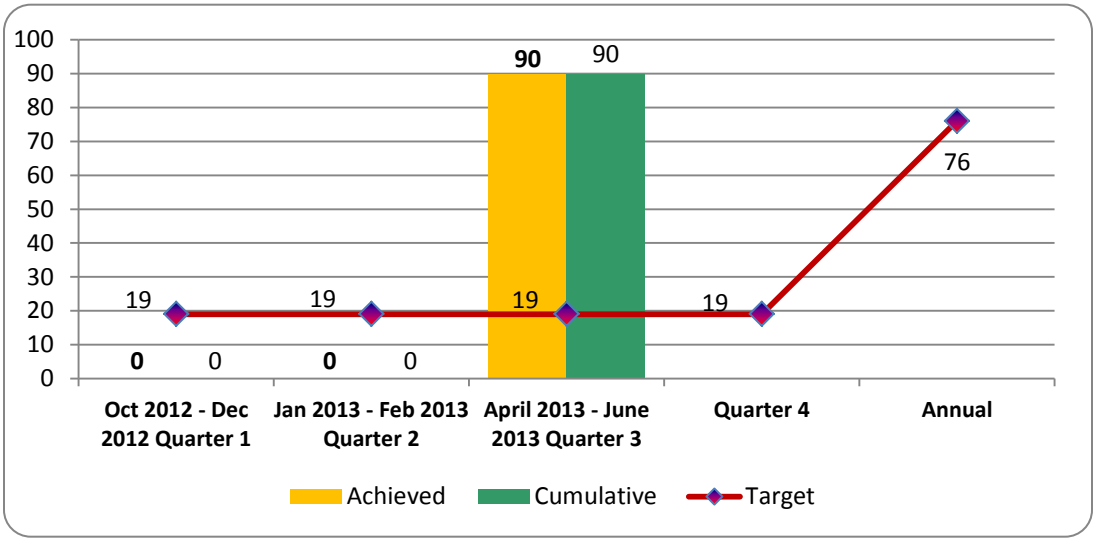


Figure G ***Shows Community Volunteers Trained in Community Infant and Young Child Feeding (C-IYCF)***

2.4.3.2 POST-TRAINING MENTORSHIP

ZISSP provided support to undertake post-training mentorship for 39 healthcare workers and 52 community volunteers trained in IYCF and growth monitoring and promotion in Lundazi,

Luangwa and Mwinilunga Districts. In Lundazi, 10 healthcare workers and 29 community volunteers were followed up; in Luangwa, 25 healthcare workers were mentored; while in Mwinilunga, four health workers and 23 community volunteers were mentored. Both the health workers and the community volunteers demonstrated the appropriate skills and knowledge in IYCF as they counseled clients with infants and young children.

Beatrice Nyirongo, a trained volunteer in IYCF listens to a mother as the mentor looks on during the IYCF support session in Lundazi.

2.4.3.3 SAVING MOTHERS GIVING LIFE ENDEAVOR

As part of the support to the Saving Mothers Giving Life Endeavor (SMGL), ZISSP has seconded one healthcare provider to each of the four SMGL districts as SMGL district coordinators to work with Peace Corp Volunteers (PCV) attached to each of the districts. ZISSP hired a healthcare worker to serve as a provincial-based coordinator to assist in the SMGL coordination in Eastern Province.

In this past quarter, the position for Lundazi District Coordinator was vacant because the hired health worker resigned from her position. ZISSP has since hired a new district coordinator. The SMGL district coordinators supported their districts in coordination of partner activities and provided technical support for various SMGL-related activities such as maternal death reviews

and post-training follow-up of Safe Motherhood Action Groups (SMAGs). In Nyimba, the coordinator was tasked to coordinate the retrospective maternal death verification during a verbal autopsy exercise undertaken by the Central Statistical Office, in specific areas where maternal deaths were identified.

In Mansa, the coordinator was oriented to health facility aggregation tools used to collect end-of-phase 1 SMGL-Endevor. The coordinator also coordinated the training of staff in the use of Misoprostol for the prevention of postpartum hemorrhage and participated in training in Standard Based Management Recognition.

3. TASK TWO: SUPPORT TO THE PROVINCES AND DISTRICTS

3.1. CLINICAL CARE AND QUALITY IMPROVEMENT

3.1.1. INSTITUTIONALIZATION OF QUALITY IMPROVEMENT

ZISSP has continued to work through the national Quality Improvement Technical Working Group (QI TWG) to advocate for the formation of the national Quality Improvement Steering Committee at policy level. In quarter two efforts were made to establish National QI Steering Committee with the new MCDMCH, however, the MOHadvised that this committee should be constituted by the MOH, which is mandated to provide policy direction for health. ZISSP participated in the QI TWG meeting during which updates were given on QI activities implemented by all the cooperating partners..During the same meetings, the QI unit at MOH was advised to ensure that they regulate all the partners to adhere to the national MOH guidelines and standards (and the use of the Performance Improvement Approach [PIA]) to avoid fragmentation in QI approaches.

3.1.2. QUALITY IMPROVEMENT TRAINING

ZISSP supported the training of 58 health workers (34 males and 24 females) from two provinces (Luapula and Lusaka) in QI. In both provinces the trainings were conducted in the absence of the ZISSP Clinical Care Specialists (CCSs). This is a reflection of a step towards the MOH taking increasing ownership and institutionalization of the QI program. In Luapula Province, ZISSP co funded the QI training for 31 health workers at Mansa General Hospital. The training was initiated by management at the institution which allocated funds to ensure that staff from all departments in the hospital were trained in QI. This was a commendable strategy as very few funds were spent because participants were commuting daily to the training from their homes. This training strategy was also more effective because participants from each department were using their data to identify performance gaps, set standards and indicators for monitoring these standards. QI projects were also derived from these data.

Figure H ***Health Workers trained in Quality Improvement by province***

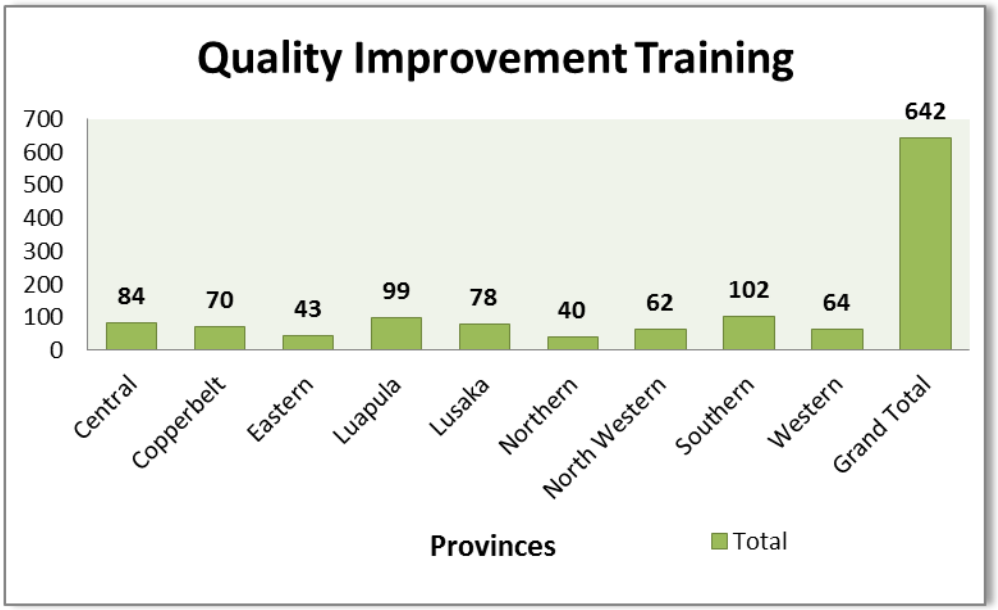


Fig H. Shows the number of health workers trained in QI across nine provinces as well as the cumulative number to date.

Meanwhile Lusaka Province conducted QI training for 21 health workers from Luangwa and Chongwe. This brings the cumulative total number of health workers trained with ZISSP support to 642 (382 males and 260 females).

3.1.3. QUALITY IMPROVEMENT COMMITTEES

QI committees have been formed in six provinces (Central, Eastern, Luapula, North-Western, Southern and Western). These provincial QI committees have in turn facilitated the formation of over 45 district and hospital QI committees. Although the remaining three provinces have had challenges with coordination of provincial QI committees, they all have some district and hospital QI committees in place through support from the provincial CCSs. QI committees through their quarterly meetings, provide fora to analyze various health information sources (HMIS, performance assessment reports, quarterly review meeting reports, etc.) to identify health program performance indicator gaps. These performance gaps are used to identify QI projects which are subjected to the QI processes in the PIA framework. A QI project is an assessment, conducted by the QI committee regarding a patient care or health program performance problem for the purpose of improving patient care/health program performance indicator through analysis, intervention, resolutionof a problem, and follow up. Moreover, a QI project ia a set of related activities designed to achieve measurable improvement in processes and outcome of care. Improvements are achieved through intervention that target health care

providers, plans, and/or beneficiaries. Monitoring and evaluation is incorporated in the implementation process of any QI project. ZISSP supported two provincial QI committees in North-Western and Western Provinces to hold their quarterly meetings. ZISSP also supported 13 district QI committee meetings in Northern, Southern and Western provinces. In Northern and Southern Provinces where some QI projects have been initiated by these committees, the meetings focused on QI projects that are addressing the five QI core indicators.

3.1.4. TECHNICAL SUPPORT SUPERVISION TO QI COMMITTEES

In order to build the capacity of the QI committees to initiate QI projects especially for the five MOH QI indicators, there is need to ensure that the QI committees once established are supported technically from the higher level QI committees. The National QI TWG provides technical support supervision to the provincial QI committees which in turn supervise the district and level 2 hospital QI committees. The district QI committees provide technical support supervision to Level 1 hospital and health center QI committees. ZISSP in collaboration with the national QI TWG provided technical support supervision to some QI committees in Eastern, Copperbelt and North-Western Provinces in quarter two. The following QI committees received supportive supervision visits from the central level: three provincial hospitals, two tertiary hospitals, two secondary hospitals, seven primary hospitals and seven district QI committees. The orientation focussed on discussing the roles and responsibilities of the QI committees based on the national QI guidelines. The orientation also involved mentorship on QI project identification, implementation, monitoring, evaluation and supervisory tools. The five QI core indicators were also introduced to the QI committees so that these could be tracked at all levels.

The committees were also guided on how to document QI committee meetings. In this regard, ZISSP supported three provincial QI committees (Copperbelt, Southern and Western) to provide technical support to seven district and 13 health facility QI committees in these provinces. In the Copperbelt, ZISSP supported the provincial QI committee to provide technical support supervision to three districts using the PIA model. Some of the challenges noted were as follows: erratic supply of malaria rapid diagnostic tests in the health facilities leading to increased cases of unconfirmed malaria with only 68.1% of cases treated for malaria being confirmed at Mpongwe Mission Hospital; inconsistent monitoring of CD4 for patients on ART; poor monitoring of patients in the labor ward due to staff shortage; Smart Care records not updated due to lack of supervision of the data entry staff since most of the clinical staff are not conversant with the system.

In Southern Province, the Provincial QI Committee provided technical support supervision to QI committees in seven health facilities in three districts (Choma, Gwembe and Kalomo). At one of the health centers (Namianga Health Center in Kalomo district), a QI committee had been formed and meetings held. Five QI projects had been identified as follows: non adherence

to infection prevention guidelines by some staff at the outpatient department, long patient waiting time,; low under five immunization coverage; failure by some staff to use partographs in monitoring the progress of labor; and failure by staff to monitor vital signs on every patient. The Provincial QI Committee identified some gaps in the QI project identification and implementation process and provided guidance on how this should be done. The other two facilities in Kalomo had no functional QI committees and technical guidance was provided to staff by the provincial QI committee on their roles and repsonsibilities including identification of QI projects. In Gwembe district, Munyumbwe Rural Health Centre had initiated two QI projects, addressing the low immunization coverage and malaria case management in line with the the national QI core indicators

In Western Province, the first technical support supervision focused on identification and prioritization of QI projects, root cause analysis of the problems and designing of appropriate interventions. The major reason for failure to integrate QI into district health programs is lack of dedicated staff to spearhead QI activities and the high staff attrition. Discussions were held with the province on the need to identify motivated program officers at the DHOs who would be trained and coached to spearhead QI programs in the districts.

3.1.5. DEVELOPMENT OF QUALITY IMPROVEMENT JOB AIDES

Development of QI job aides is aimed at equipping the QI committees with tools that will support them to operationalize QI in health service delivery. The national QI TWG has identified QI job aids from the training package. Several samples of the QI job aides ("PIA framework," "flow chart," "Fish bone analysis" and the "BUT WHY TREE") have been submitted to Creative Services at Abt for the graphic designers to develop samples for the QI TWG to review. The selected ones will be printed in bulk and distributed to health facilities.

3.1.6. MORTALITY REVIEWS AND CLINICAL MEETINGS

ZISSP has continued to support maternal and under-five mortality review meetings. Indicators on mortality in an institution are a direct reflection on clinical case management of patients. QI committees use mortality data as an entry point to identify performance gaps for quality improvement projects(activities). It is therefore imperative that institutions review their mortality in order to identify some underlying causes that may need to be addressed through QI strategies.

ZISSP supported the provincial QI committees to facilitate mortality reviews in three provinces (Central, Western and Muchinga Provinces). In Central province the PCCT hosted health workers from Kabwe General Hospital, Kapiri District Hospital and Kabwe School of Nursing for a maternal death that occurred at Kabwe General Hospital (Level II)following referral from Kapiri Mposhi District Hospital(Level I) with post-partum haemorrage secondary to an atonic uterus. She died of haemorrhagic shock due to disseminated Intravascular coagulation (DIC)

hours after sub-total hysterectomy at Kabwe General Hospital. The following gaps were identified during the review; grand multiparous woman stayed in active labour for too long without internvetion. Despite both the alert and action lines on the partograph being crossed the clinicians were not informed in time by the nurses at Kapiri District Hospital. It was decided that nurses and midwives will be mentored in the use of partographs and nursing care plans. It was also noted that labour monitoring standards were not adhered to by the midwives. The senior nursing officer and ward in-charges were asked to intensify supervision. There was only one caesarean section set and no hysterectomy sets. It was agreed that the Principal Nursing Officers from the province would source for more packs from nursing schools and/or other hospitals. Another observationwas that referrals from health centres were not reviewed by clinicians at Kapiri Mposhi District Hospital.

Clinicians were asked to do morning and afternoon rounds in maternity ward. Lastly, Kabwe General Hospital had inadequate fresh whole blood for the patient. The CCS was tasked to follow-up the issue with blood bank services in Lusaka. In Western Province two maternal mortality reviews were conducted. The provincial and district QI committees collaborated to facilitate and provide technical guidance to staff in the hospitals during these mortality reviews. This is not only to build capacity but also to ensure objectivity. In addition Western Province reviewed some under-5 mortality cases at Mangango Mission Hospital. In Muchinga Province, ZISSP supported a joint review of maternal mortality cases from all the districts in the province. This was a strategy to build the capacity of the districts to review their own maternal mortality cases objectively and identify appropriate interventions to improve performance. ZISSP supported 12 District Clinical Care Teams (DCCTs) in three provinces (Central, Lusaka and Western) to conduct 12 clinical meetings.

3.1.7. PARTICIPATION IN PERFORMANCE ASSESSMENT

ZISSP through the CCS in Lusaka Province provided technical assistance to the provision of performance assessment (PA) to the University Teaching Hospital (UTH). This assessment focused on 3rd and 4th quarters of 2012. Patient case files were sampled; observations were done in the Medical Admission Ward and two female medical wards where patients were interviewed. It was found that patients are treated according to standard treatment protocols though some departments do not have written /printed protocols for quick reference. Although emergency preparedness in general was not in place, emergencies are attended to immediately. However other patients wait for as long as two hours on average. The hospital has no functional QI committee; however, some departments have active QI committees. Some of the challenges noted were that 50% of babies born at UTH are not given OPV0 and BCG due to a shortage of midwives, while the referral system lacked feedback mechanisms and only 1% (24/2153) of sexually transmitted infection clients' partners were investigated and treated.

3.1.8. SURVEY ON ART ACCREDITED HEALTH FACILITIES

The draft knowledge, attitudes and practice (KAP) survey report on the accreditation program is still undergoing review by the Health Professions Council of Zambia (HPCZ) and the ZISSP Clinical Care and M and E teams. The main objective of the study which was to assess the knowledge, attitudes and practice in ART accredited sites was not adequately addressed due to deficiencies in the data collection tools. ZISSP is working with HPCZ to finalize the report.

3.1.9. EVALUATION OF THE PROVINCIAL REVIEW MEETINGS

Since 2011, ZISSP has provided financial and technical support to provinces to conduct provincial quarterly review meetings as a QI strategy through the CCSs. This was aimed at strengthening the capacity of the district health program officers in analyzing HMIS performance indicators to identify areas of focus for QI. This in turn would enhance data use for decision making at all levels in the district.

ZISSP observed that the activity is very costly because of the number of program officers from the province, districts and hospitals that are required to attend the meetings. In addition concerns have been raised as to the cost effectiveness of these review meetings because anecdotal evidence suggests that there has not been reported improvements on the effect of the meetings on QI in health service delivery nor improvements in health program indicators in any of the provinces or districts where the activity has been supported. As a result, ZISSP in collaboration with MOH will conduct an evaluation of the impact of these review meetings. In the second quarter,the scope of work to engage a consultant was finalized and the process of hiring has commenced.

3.1.10. MENTORING IN MODEL HEALTH FACILITIES

To monitor and evaluate the outcome and impact of clinical mentoring in the five identified Model Health Facilities in each of the nine provinces, a draft concept paper has been developed and will be finalized soon. The evaluation will demonstrate the impact of clinical mentorship and QI in improving health service delivery in these facilities based on a set of indicators that will be selected.

3.1.11. DEVELOPMENT OF TREATMENT PROTOCALS

In quarter two, preliminary discussions to support MOH with the development of treatment protocols on common medical conditions commenced. MOH is in the process of reviewing treatment guidelines for the primary health care facility level and therefore ZISSP will focus its efforts on supporting the MOH to develop some flow charts and job aides for various common conditions which are in the treatment guidelines. These will serve as quick reference materials for CCTs and mentees at the service delivery point.

3.1.12. TRAINING OF MULTI-DISCIPLINARY CLINICAL CARE MENTORS

ZISSP has continued to support the clinical care mentorship of health workers through the multi-disciplinary clinical care teams. However, the major challenge is the high attrition rate at both the province and the district levels. For this reason ZISSP supported the training of 47 (23 males and 24 females) multidisciplinary mentors in two provinces (Eastern and North-Western).across the following categories: four doctors, four Medical Licentiates, five clinical officers, 27 nurses, two lab technologists, two nutritionists, two pharmacy technologists and one dental therapist.

3.1.13. SUPPORT TO MULTI-DISCIPLINARY CLINICAL CARE TEAMS

ZISSP has continued to advocate for the establishment of a central level multidisciplinary Clinical Care Team (CCT) to support the clinical mentorship planning meetings and technical support supervision in specialized clinical areas to the provincial clinical care teams and Level II hospitals in the provinces. This process was delayed due to inadequate human resources.

At provincial level ZISSP supported the Copperbelt PCCTs to hold a meeting to discuss health service delivery with regard to clinical care with Clinical Care Officers from the ten districts and the Head Clinical Care Officers from the 2nd and 3rd Level Hospitals in the province. A number of challenges were discussed in ART service delivery. At the next meeting, aspects of quality in service delivery and technical updates will be covered. The meeting also recommended that the PCCTs should facilitate meetings with individual DCCTs to focus on performance gaps that pertain to that district.

In Southern Province, the PPCT meetings noted weaknesses in the management of non-communicable diseases at Macha Hospital. There were weaknesses observed in the management of pediatric patients with malnutrition and challenges of calculating pediatric ART doses and non-adherence to Early Infant Diagnosis guidelines for HIV testing.

In the quarter, ZISSP supported 13 DCCTs in four provinces to hold 19 mentorship needs identification meetings.In the same period, the two PCCTs (North-Western and Southern) provided technical support to six DCCTs. Three DCCTs received technical guidance during the mentorship needs identification meetings. Six DCCTs received mentorship in surgical skills,

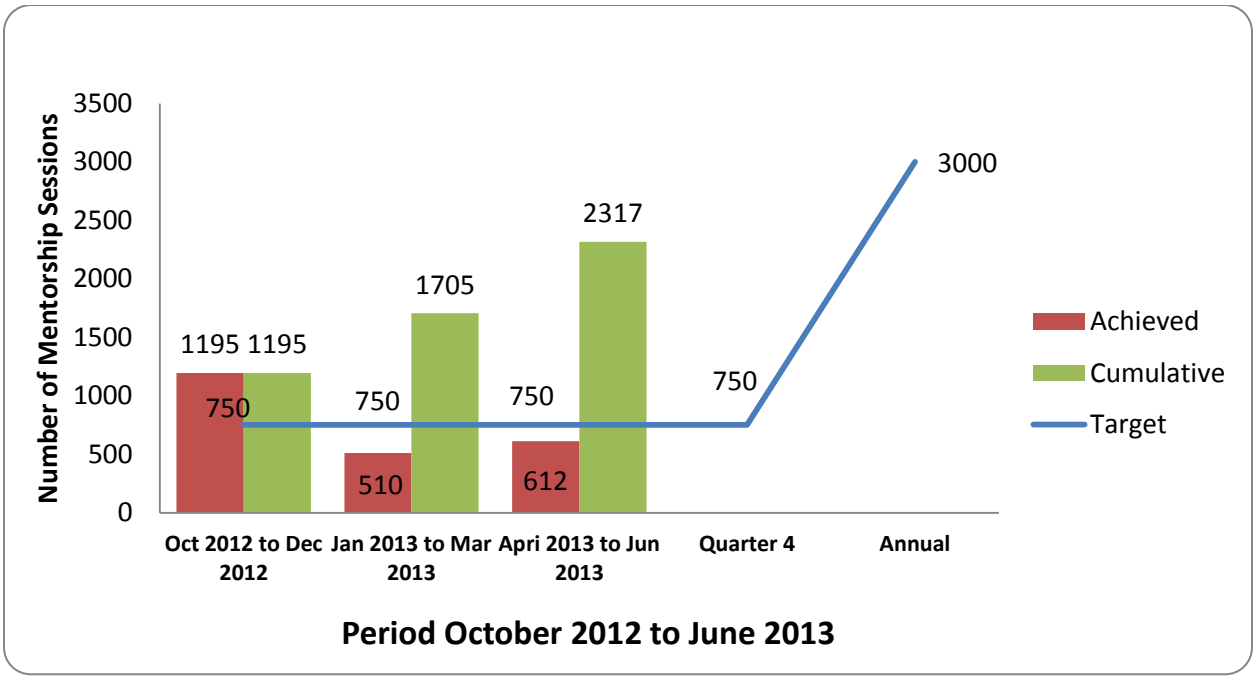
management of severe malnutrition, acute flaccid paralysis, TB in children, pediatric HIV, chronic renal failure, cryptococcol meningitis, cerebral vascular accident in hypertention, ascites, adult ART case management and drug induced hypertension.

3.1.14. CLINICAL MENTORING OF HEALTH WORKERS

In quarter 2, ZISSP supported 49 DCCTs in seven provinces (Central, Copperbelt, Eastern, Northern, North-Western, Southern and Western) with the exception of Luapula and Muchinga where ZISSP had not filled the position of the CCS.

During these mentorships most of which took place in the identified five Model Health Facilities, 524 health workers(279 males and 245 females) were mentored through 612 mentorship sessions against a quarterly target of 750 representing 82% achievement. This brings the annual cumulative total to 2,317 mentorship sessions to 2,032 health workers (1,143 males and 889 females) against the annual target of 3,000 mentorship sessions to be accomplished by 31st September 2013 representing 77%.

Figure I ***Below is a chart showing Cumulative Health Worker Mentorship Sessions by Quarter***



3.2. MANAGEMENT SPECIALISTS

3.2.1. SUPPORT FOR THE MOH ANNUAL PLANNING PROCESS

ZISSP continued to work with Ministry of Health (MOH) and Community Development, Mother and Child Health (MCDMCH) headquarters to prepare for the launch of the annual planning cycle for 2013. The purpose of this support was to ensure continuation of planning processes developed with MOH for district level and the smooth transition of district health offices to the new ministry. Working with both ministries ensured a coordinated process for undertaking the 2013 annual planning process which also provided a learning environment for the new ministry. This effort also resulted in a joint launch of the 2013 annual planning process by the two ministries.

In addition ZISSP provided technical and financial support to the two ministries to review their performance in 2012. The newly developed step-by-step guide to planning developed by MOH with ZISSP support during the first quarter was used by program officers to review program performance in the previous year and to set priority health programs for the 2014-2016 Medium Term Expenditure Framework (MTEF). The identified health programs were used by program officers to draft technical planning updates which were presented during the national health planning launch held in June.

The main observation during this year's national planning launch was the increase in participation and contribution by partners. This could be attributed to the realignment of ministries as partners wanted to understand more of how both ministries were going to manage the health system and implement activities without duplicating efforts.

3.2.2. SUPPORT TO PROVINCIAL ANNUAL PLANNING PROCESS

ZISSP assisted Provincial Health Offices (PHOs) to hold two-day pre-planning launch meetings where provinces reviewed their performance for the previous year in key health interventions such as malaria, HIV/AIDS, maternal and child health and nutrition, using the Health Management Information Systems (HIMIS) indicators and provincial action plans. The Provincial Statistical Bulletins developed in 2012 and the newly developed step-by-step guide to planning with ZISSP support was among the reference tools used during planning activities for this year. A total of 63 program officers (48 males and 15 females) from 13 ZISSP targets of Northern, Eastern, Southern, and Central Provinces have so far been oriented to the guide. Using these tools, PHOs adjusted the national updates to provincial level performance in readiness for the launch to their districts, and also used the same information to set priorities for the coming year.

In addition, ZISSP, for the first time, provided technical and financial support to the target districts to hold two and a half days pre-planning meetings to prepare for the annual planning process. So far, six ZISSP target districts in Eastern and Central Provinces managed to undertake these activities. In these meetings both the provincial statistical bulletins and the newly developed step-by-step guide were used to guide the process for reviewing the performance of districts in various areas in the past year.

The pre-planning meetings and the step-by-step guide were well received by district program officers who felt that this was how planning should be approached as opposed to launch meetings where only planning updates were being provided.

District planners felt that preparatory meetings had assisted them to speed up the process of planning and adequately prepared them to facilitate and guide the planning exercise with their health institutions effectively. The Director of Planning and Information from MCDMCH participated in the pre-planning meeting for Senanga, Kalabo, Lukulu, Shangombo and the Mulobezi Districts in Western Province. The Director appreciated the support received from ZISSP. He mentioned that this also provided him an opportunity to understand the concept of bottom-up planning.

"This pre planning exercise is very important because it sets a focus in the planning process. Other districts should be encouraged to come together and hold the pre planning meeting so that when they go back it will be easier for them to develop their plans," explained Simmy Chapula Director – Department of Planning and Information, MCDMCH

In the third quarter, ZISSP will continue to provide technical assistance to both ministries in the area of planning at provincial and district levels. Focused activities will include supporting the remaining 14 target districts to hold two day pre-planning meetings, and onsite coaching and mentoring during the development and review of the institutions' 2014-2016 action plans in the 27 target districts. This is to ensure adequate planning for key health interventions and that plans are made ready for submission to the center (MOH, MCDMCH) for budget consideration.

3.2.3. SUPPORT TO NATIONAL HEALTH ACCOUNTS SURVEY AND RESOURCE MAPPING

The National Health Accounts (NHA) report writing has been completed. The preliminary findings will be disseminated to the wider audience in July 2013. ZISSP will support a half day consensus meeting which will draw participants from all stakeholders that participated in the survey. This process should finalize work started in 2012 and make recommendations for policy

decision on future funding to targeted NHA-Sub-Accounts programs (maternal and child health, tuberculosis, HIV/AIDS and malaria) and for future NHA activities.

3.2.4. SUPPORT TO THE BI-ANNUAL PERFORMANCE ASSESSMENT

Central, North-Western and Luapula Provinces conducted performance assessment (PA) visits to their respective health institutions. ZISSP provided technical and part of the financial support. Some of the key findings are as follows:

- Central Province- there was generally a remarkable improvement in the performance of most districts in key health indicators. However, reduced funding for program activities due to challenges of realignment of ministries coupled by inadequate staffing for key health personnel (midwives, clinical officers and doctors) remain major management gaps.
- Luapula Province- poor documentation coupled by poor record keeping were the main areas of weakness although on a positive note, Luapula has taken full ownership of the PA/TSS process by funding the process of undertaking a PA activity which includes holding preparatory meetings, implementation, and writing PA reports. Initially preparatory meetings and report writing were being supported by ZISSP. To foster sustainability, provinces need to begin budgeting for such activities.

ZISSP in the next quarter will provide technical and financial support to MOH Directorate of Technical Support Services (DTSS) to finalize the aligning of performance standards to the revised PA tools. The revised PA tools for district, hospitals and health centers that were completed in 2012 have not been used during the first quarter of the PA process due to the delayed realignment of performance standards to the revised tools. Delays to undertake this activity were due to the unclear position on how the PA process was going to be managed under the realigned ministries. Orientations on the revised tools will commence in all provinces as soon as the standards have been finalized in readiness for the second round of PA activities in provinces and districts.

3.2.5. CAPACITY BUILDING IN MANAGEMENT FUNCTIONS

3.2.5.1. DATA QUALITY ASSESSMENT GUIDE DEVELOPMENT

ZISSP provided technical and financial support to the MOH Monitoring and Evaluation (M&E) unit to develop Data Quality Assessment (DQA) guidelines that will provide a standardized process for conducting DQAs at all levels. This activity is a response to challenges experienced in conducting DQA activities which have used various approaches and resulted in inconsistencies in the outputs. Although the tool is not being tailored to gauge the quality of services provided, it can facilitate improvements in the same by ensuring that better quality data

are available for program planning and program performance assessment, as well as improvement of data management systems.

The first draft has been circulated to the wider MOH M&E Technical Working Group for review and more input. MOH is seeking support from ZISSP to engage a consultant to work with the M&E unit to assist with the finalization of the draft guideline before it can be piloted. The outcome of the pilot will provide information which will facilitate the finalization and production of the guide.

3.2.5.2. SUPPORT TO DATA QUALITY ASSESSMENTS

ZISSP supported the data review and cleaning for three target districts (Chongwe, Luangwa, Shangombo) and another three non-target districts (Kafue, Lusaka and Chirundu) from Lusaka and Western Provinces. During this exercise, the supervising team from provincial health offices observed that program officers did not fully understand the steps and/or techniques required to perform a complete data cleaning exercise. Whilst they understood the importance of DQA and the processes used, they have not undertaken these activities in their respective areas of operation. It was also observed that there was a general miss-match between the data submitted and that found in the source documents, coupled with an inadequate understanding of certain data elements by health staff in most health centers visited. Guidance on how to conduct effective data review and cleaning process was provided. However, without a clearly documented process this activity may still remain weak. Therefore, ZISSP support to MOH M&E unit to produce DQA guidelines could help address this challenge.

3.2.5.3. ZAMBIA MANAGEMENT AND LEADERSHIP ACADEMY TRAININGS AND MENTORSHIP

ZISSP and its sub-contractor BRITE made major strides in the second quarter of 2013. The team conducted 26 activities including 13 workshops and 13 mentorship sessions. The cumulative number of trainees that participated in these training sessions was 574 (404 males and170 females)-some trainees participated in more than one session. Please see table 1 below.

Table 1: ZMLA Activities and attendance in second quarter of 2013

Activity Description	Female	Male	Total
Mentorship Session 2	9	13	22
Mentorship Session 3	3	7	10
Mentorship Session 4	76	187	263
MLA Workshop 2	2	5	7
MLA Workshop 3	4	5	9
MLA Workshop 4	76	187	263
Grand Total	**170**	**404**	**574**

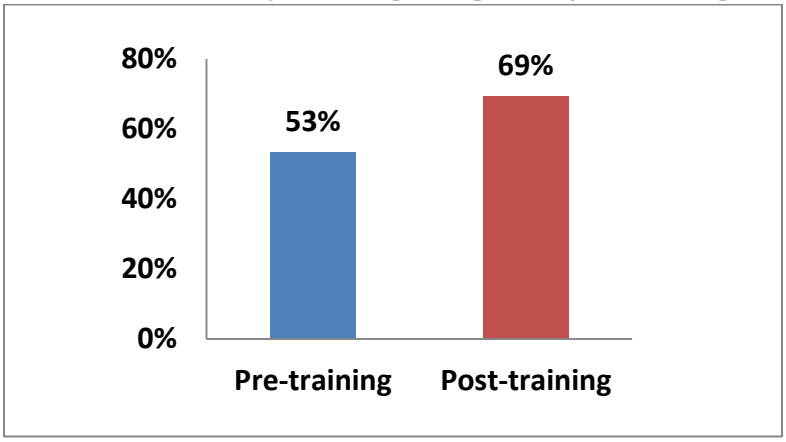
By June 2013, there were a total of 367 participants who attended all the workshops, i.e., a 100% attendance rate, exceeding the 2013 target by 2%. However, due to considerable challenges in organizing mentorship sessions that are a key requirement for National Institute for Public Administration (NIPA) accreditation, only 45% of the 367 participants have met the NIPA criteria for graduation or accreditation[1]. This means that only 45% of the trainees will receive a diploma from NIPA, while the remaining 55% will still graduate but with only a certificate of attendance making a total of 367 trainees graduating from the program in September 2013. Furthermore, even if female representation in absolute numbers is lower than that of males, the overall participation of females has been more impressive than that of males. As at June 2013 female attendance in all workshops exceeded the 2013 target by 12% (see table 2)

Table 2: ***Cumulative summary of attendance since the start of the program to date***

Description		**Total**	**Female**	**Male**
100% workshop attendance	#	367	109	258
	%	78%	86%	76%
100% attendance mentorship sessions and workshops	#	163	49	114
	%	35%	39%	33%
Total enrolled		468	127	341
2013 Target		360	98	262
% Achievement Vs. Target (USAID)		102%	112%	98%
% Achievement Vs. Target (NIPA)		45%	50%	43%

Knowledge retention scores from pre and post-tests during each workshop demonstrate an increase in knowledge among trainees after each workshop as can be seen from the table 3 below.

Table 3: ***Average scores on pre and post tests for all workshops***



[1] For a participant to be accredited by the National Institute for Public Administration they should have 100% attendance in both workshops and mentorship sessions.

The team has now started preparing for the graduation of the first group of trainees which has been scheduled for 27th September 2013. The graduation is being organized in collaboration with MOH headquarters and NIPA and will be undertaken on a day when NIPA students from different programs will be graduating. This is aimed at promoting ownership of the program by government which is necessary for program sustainability.

In the next quarter the focus will be to undertake a curriculum review of the program and recruitment of the next group of trainees from the remaining 18 ZISSP target districts. This new group of trainees will also incorporate a few members from the MCDMCH to promote buy-in of the program by the new ministry.

3.3. MALARIA

3.3.1 IRS OPERATIONS MONITORING AND EVALUATION

ZISSP supported the National Malaria Control Center (NMCC) to implement round two of the indoor residual spraying (IRS) program in 12 districts of Muchinga and Northern Provinces. The second round, also known as Phase II, used carbamates, which do not last long (three to four months residual effect). Spraying in all the 12 districts was completed by the end of May 2013.

Monitoring and supervision of IRS activities is an important component of the IRS implementation as it ensures that IRS guidelines are fully adhered to during the spraying campaign. ZISSP supported the monitoring and supervision for the implementation of IRS Phase II in 12 districts of Muchinga and Northern Provinces.

During Phase II, all the districts in Northern Province with the exeption of Chilubi, participated in the IRS campaign. Spraying was not conducted in Chilubi District because Phase I spraying was done late. In Muchinga Province, all the districts participated in Phase II spraying.

3.3.2 IRS COVERAGE AND NUMBER OF PEOPLE PROTECTED

Due to the use of carbamates in Muchinga and Northern Provinces, a second round of spraying was done in the two provinces.

Table 1 below shows the estimated population to be protected through IRS, the number of people actually protected, the proportion of the population protected, the targeted number of structures to be sprayed, the number of structures actually sprayed, and the coverage that has been reached by districts so far. Results from the Table show that by the end of Phase II in June 2013, 169,660 structures were sprayed out of the targeted 266,631 giving an average

coverage rate of 63.6% for the 12 President's Malaria Initiative (PMI) districts as compared to 86.3% in Phase I. A total of 715,828 people were protected against malaria in Phase II as compared to 1,710, 833 people protected against malaria in Phase 1.

As this is the first time that a second round of spraying was being conducted, most districts were not well-prepared to handle a task of this magnitude for the second time. The time gap between the end of phase I and the start of phase II was three months. There were heavy rains by the time the second round of spraying commenced therefore making it difficult for the communities to cooperate because communities were not ready to remove their household items when the anticipated that it could rain at any time. This part of the country is classified as high rainfall zone with rains commencing early and ending late March to early April. Difficulties in accessing some of the areas during the rains were also cited as a major reason for the poor performance.

Table 1: Number of people protected, number of structures targeted and sprayed, and IRS coverage for Phase II

No.	District	Estimated Population		# of people	Coverage	# of structures in 2012		Coverage
		District	To be Protected	protected	(%)	Targeted	Sprayed	(%)
A.	**Muchinga Province**							
1	Chama	113,928	116,875	26,630	22.8	25,000	6,638	26.6
2	Chinsali	152,014	107,516	58,972	54.8	22,998	21,117	91.8
3	Isoka	93,392	74,800	39,362	52.6	16,000	13,188	82.4
4	Mpika	227,943	84,150	68,424	81.3	18,000	15,112	84.0
5	Nakonde	129,125	84,150	36,048	42.8	18,000	9,660	63.8
Sub-Total		**716,402**	**467,491**	**229,436**	**49.1**	**99,998**	**65,715**	**67.6**
B.	**Northern Province**							
2	Kaputa	120,416	139,493	20,301	14.6	29,838	3,954	18.3
3	Kasama	256,348	121,704	139,370	114.5	26,033	25,836	99.2
4	Luwingu	138,996	96,305	87,967	91.3	20,600	17,329	107.0
5	Mbala	228,885	84,122	40,084	47.6	17,994	9,858	54.8
6	Mporokoso	107,496	70,125	61,796	88.1	15,000	14,365	95.8
7	Mpulungu	108,374	89,610	90,157	100.6	19,168	17,593	101.3
8	Mungwi	167,443	60,775	56,217	92.5	13,000	15,010	115.5
Sub-Total		**1,127,958**	**522,641**	**495,892**	94.9	**166,633**	**103,945**	81.7
Grand Total		**1,844,360**	**990,132**	**725,328**	**73.3**	**266,631**	**169,660**	**63.6**

3.3.3 IRS DATA AUDIT

ZISSP supported the NMCC to conduct an IRS data audit in Eastern, Muchinga, and Northern Provinces in all the 20 PMI/ZISSP-supported districts between May and June 2013. The purpose of the activity was to ensure data quality. The activity involved looking at IRS data management, particularly how IRS documents are stored, verifying data accuracy by randomly picking IRS Spray Operator Daily Forms and comparing with the IRS Supervisor Form, the IRS Daily Coordinator Form and then comparing with what was entered in the spreadsheet that was sent to NMCC. The key findings of the audit were that all districts did not know for how long the IRS data sheets should be kept before final disposal, that inconsistent IRS data collection forms were found in districts, and that soft copies of the final IRS spreadsheets were available and not hard copies.

3.3.4 REVIEW OF INDOOR RESIDUAL SPRAYING TRAINING MODULES

In order to improve the quality of training of supervisors and spray operators, ZISSP felt it necessary to review the training of trainers (TOT) training materials and develop revised modules. The purpose of these modules is to provide tools that would enable master trainers to provide effective training to IRS supervisors. ZISSP supported a team from NMCC, MOH and MCDMCH to update these materials into revised training modules and to ensure that these are tested during the TOT. Training materials used to train spray operators are also being reviewed and revised and will be tested during the training of spray operators.

3.3.5 INDOOR RESIDUAL SPRAYING IMPACT STUDY

IRS has been conducted since 2003 with three districts to the current 72 districts. It has been found necessary to conduct a study that would show evidence of the impact of IRS as an intervention. A concept document was prepared which was discussed with NMCC. The meeting recommended that the study should take the form of a case study to show IRS best practices in one or two districts to be identified. This is due to the complex nature of the study that was initially designed. A new concept note is now being prepared to reflect the new thinking.

3.3.6 IRS TECHNICAL WORKING GROUP MEETING

The IRS Technical Working Group met in May to review IRS activities since the previous meeting that took place in January. ZISSP supported NMCC to hold this meeting whose discussions were mainly centered on entomological studies. The group advised the entomology team to expedite the export of entomology data so far collected into the database developed by Liverpool School of Tropical Medicine (LSTM). The group was also reminded of the presence of the National Health Research Bill of 2013 which requires that prior approval needs

to be obtained when exporting any biological material outside the country. Since most of the mosquito samples are analyzed in Liverpool, the entomological team was urged to expedite the application for export of these samples as the approval process is lengthy.

3.3.7 DISPOSAL OF USED ACTELLIC BOTTLES

It is a requirement that all empty insecticide sachets or bottles are disposed of after the spray season is over. In Northern and Muchinga Provinces, carbamates were used while organophosphates were used in Eastern Province. Whereas empty carbamate sachets can be incinerated locally, it is not the case with the high density plastic bottles that contain organophosphates. Through consultation, a local company that is able to recycle the plastic bottles has been identified. ZISSP facilitated the collection of these empty plastic bottles from Eastern Province to Lusaka where the recycling will be done.

3.3.8 ENTOMOLOGICAL SURVEILLANCE CAPACITY BUILDING

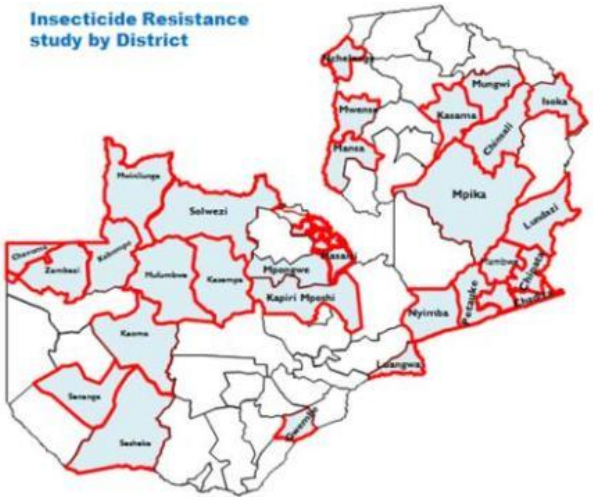
Following the establishment of insecticide resistance management technical working group (IRMTWG) in 2010, procurement of insecticides for IRS has been more contingent on local insecticide resistance data. Because insecticide resistance changes with time and space, it is essential that resistance surveillance be expanded since the complex nature of resistance distribution requires a more granular and timely approach. Therefore, to ensure timely updates on insecticide resistance data over a vast area across the country, ZISSP together with Akros provided support for capacity building of 24 Environmental Health Technicians (EHT) (19 Males and 5 Females) in basic entomological surveillance. The EHTs will conduct mosquito collections and also manage specimen collections by morphologically identifying specimen for local species profiling and basic vector bionomics outputs (e.g. household resting densities and indirect calculation human biting rates). This data has potential to provide by-proxy information with which to further develop exploration of sites for the NMCCs insecticide resistance monitoring program, based on matched species profiles in which insecticide resistance has been well documented previously. Three EHTs were selected from the following districts: Chadiza, Lundazi, Chinsali, Isoka, Chilubi, Mungwi and Kaputa, while two were picked from Mporokoso and only one came from Luwingu. The training comprised modular sessions of both theory and field based practicums which allow EHTs to experience hands on field exposure before they finally go to practice in their own catchment areas.

***CDC Light Trap**: set up near a cattle kraal to collect outdoor mosquitoes feeding on animals.*

Hands-on field experience: participants identifying mosquito breeding sites and collect mosquito larvae.

3.3.9 INSECTICIDE RESISTANCE STUDIES

A consensus view on the current insecticide resistance profiles is to use the latest entomological data because of the complex nature of resistance distribution and species shifts being experienced in Zambia. A more granular entomological surveillance to generate data is preferred. This facilitates timely and accurate implementation of high impact, evidence-based vector control interventions. This approach leads to efficiencies in planning and judicious resource utilization. ZISSP supported NMCC with technical and financial assistance to collect adult mosquitoes for insecticide resistance and bionomic studies. All districts in the North Western Province were covered and resistance results indicated that the An. funestsus was resistant to deltamethrin and lambda cyhalothrin but susceptible to bendiocarb, malathion, pirimiphos methyl and DDT.



Attempts to collect mosquitoes for insecticide resistance bioassays from Sesheke, Mwense, Kasama, Mungwi, Petuke, Chadiza, Mpongwe, Kasempa and Copperbelt except for Masaiti proved futile.

WHO BIOASSAY RESULTS 2013 (January - April)

District	Settlement	Deltamethrin		λ-cyhalothrin		Bendiocarb		Malathion		Pirimiphos methyl		DDT	
		n	%M	n	%M	n	%M	n	%M	n	%M	n	%M
An. funestus													
Chavuma	Kahuka	82	67.8	26	57.7	81	95.3			85	100		
Zambezi west	Chimuli					25	96			78	100		
Zambezi East	Kabambi	52	71	28	64.3	64	95.7			51	100		
Kabompo	Mubang'a					107	100						
	Kalemba												
	Mufuliwanjamba	101	89.1			106	100	88	100				
Mufumbwe	Matushi	77	92.2			201	100	202	100			75	100
	Munyambala	99	90.9			50	100						
Mwinilunga	Kabanda	25	88					80	100				
	Chibwika											24	100
Solwezi	Kyabankaka	68	63							79	100		
Kaoma	Cheleka					102	100	102	100			100	100
Senanaga	Katula					90	100						
Gwembe	Makuyu					37	89.3			42	100		
Kapiri Mposhi	Lukomba							25	100				
Mpika	Mpepo									47	100		
	Chalabesa									40	100		
Luangwa	Chisobe	40	48	40	32.5	34	91.2	34	100		100	40	100
Nyimba	Kanjanja	40	22.5			35	71.4	42	100		100	35	100
Nchelenge		72	47.2	79	19.2		75.2	106	100			73	100
Masaiti	Kafukanya	102	64.8	123	40.6	93	93.1	98	100	93	100		
	Fipashi									102	100		
	Chishibambwe					26	92.3			112	100		

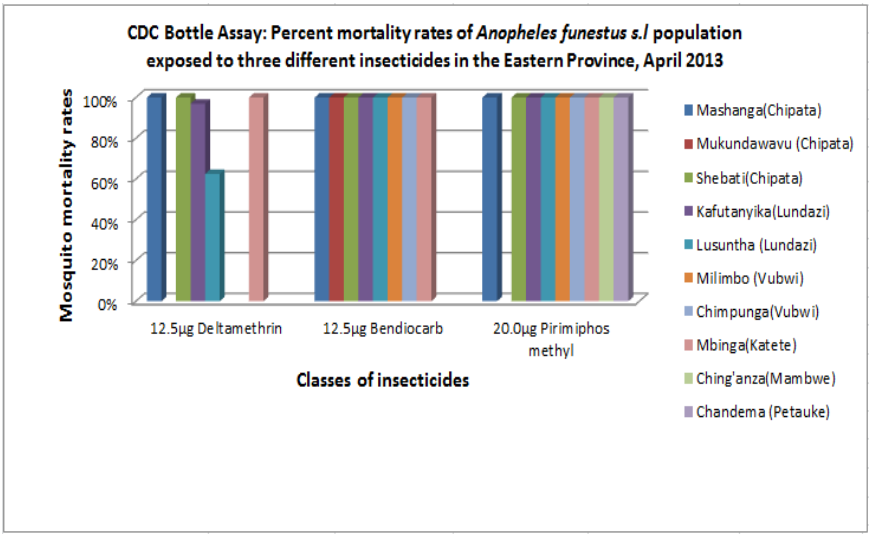
Table Key to color codes:

Resistance	Suspected/mild Resistance	Susceptible

3.3.10 CDC BIOASSAY RESULTS

With technical assistance from Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, ZISSP provided financial support to conduct insecticide resistance monitoring in Eastern Province. Indoor resting adult mosquitoes were captured and tested for insecticide resistance using the CDC bottle bioassay. Results of the resistance monitoring revealed that deltamethrin resistance in the An. funestus s.l mosquitoes has significantly declined in 2013 relative to the results obtained in 2012 during the same time period. However, pockets of deltamethrin resistance (62.5% mortality) were detected in Lusuntha village in Lundazi. The outstanding feature in the trends of resistance was the observation of the apparent return of deltamethrin and bendiocarb susceptibility in An. funestus s.l. However, further evaluation and a

better understanding of sibling species involved will provide a clear picture of this economically important prospect.



CDC BOTTLE BIOASSAY 2013													
District	Settlement	Deltamethrin		λ-cyhalothrin		Bendiocarb		Malathion		Pirimiphos methyl		DDT	
		n	%M	n	%M	n	%M	n	%M	n	%M	n	%M
An. funestus													
Chipata	Shebati	10	100			5	100						
	Mukundawavu					5	100						
	Mashanga	19	100			10	100			28	100		
Lundazi	Lusuntha	32	75			18	100			15	100		
	Kafutanyika	10	70			8	100			14	100		
Mambwe	Ching'aza									15	100		
Vubwi	Chipunga					7	100						
	Mulimbo									9	100		
Katete	Mbinga	10	100			40	100			10	100		
Petauke	Chandema									10	100		

Table Key to color codes:

Resistance	Suspected/mild Resistance	Susceptible

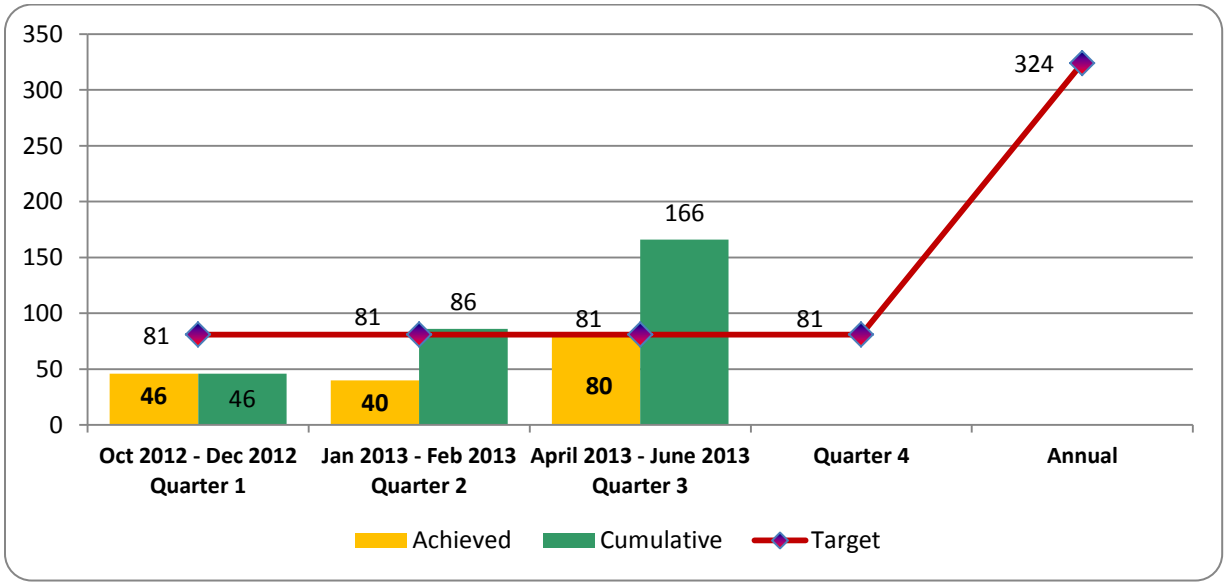
3.3.11 MAINTENANCE OF NATIONAL LABORATORY AND INSECTARY

ZISSP provided technical and logistical support to NMCC to maintain a breeding mosquito colony for entomological monitoring including paying monthly wages for one insectary technician and procuring daily routine commodities such as washing detergents and sugar. The purpose of the insectary is to provide a source of mosquitoes of known genetic traits and use these mosquitoes in monitoring the quality of spraying, the efficacy of insecticides on walls, and vector resistance. Plans are advanced to have a pre-fabricated insectary installed at NMCC. Tender for the expression of interest for the insectary has been done and the evaluation of the tender is in process.

3.3.12 FOCUSED ANTENATAL CARE TRAININGS

ZISSP supported MCDMCH to train health workers in focused antenatal care (FANC) in nine districts covering three provinces. The aim of these trainings is to equip health care providers with the ability to think critically and make clinical antenatal decisions on the basis of sound knowledge and understanding of the WHO approach to antenatal care. One hundred and sixty - six (166) health care providers (66 males and 100 females) have been trained since October 2012 to June 2013. This represents 37% of the target set for 2013. Of the 27 ZISSP supported districts, 15 have been supported with trainings in FANC representing 55% of the ZISSP-supported districts targeted for FANC trainings. The participants' knowledge was assessed before and after the course and the post test results indicated that learning had taken place. Supervision visits to be undertaken in the next quarter will further assess the performance of these health workers.

Figure J ***Shows achievements for Focused Antenatal Care***



3.3.13 ICCM TRAININGS FOR COMMUNITY HEALTH WORKERS

The World Health Organization (WHO) recommends integrated community case management (iCCM) as a strategy to provide good home care and promote survival, reduce morbidity, and foster healthy growth and development in children below the age of five at community level. Strengthening the linkage between health services and the community is important as it supports and strengthens the community's capacity to respond to illness.

ZISSP supported MCDMCH to train 86 community health workers (64 males and 22 females) in iCCM against a target of 432 for the year and representing 20% of the people planned to be trained in the year. These were drawn from Chongwe, Mambwe and Lundazi. The purpose was to equip them with knowledge and skills in iCCM to care for the sick children from age two months to five years in the community using iCCM guidelines to manage malaria, pneumonia and diarrhea. To date, ZISSP has covered 14 districts out of the 27 ZISSP target districts resulting in coverage of 52% of the targeted districts.

3.3.14 INTEGRATED COMMUNITY CASE MANAGEMENT TRAININGS

ZISSP supported MCDMCH to train 27 health workers (17 males and 10 females) in community case management against a target of 90 planned for the year. The training was aimed at equipping the health worker supervisors with knowledge and skills in iCCM for effective supervision and support to community health workers. To date, 12 of the 27 ZISSP target districts have been covered.

3.3.15 MALARIA ACTIVE INFECTION DETECTION

Akros has been working with the Lusaka District Health Management Team (DHMT) to implement the malaria Active Infection Detection (AID) Program in the district since 2011. Ten clinics have been transitioned to the Lusaka District Health Office (DHO) and have become part of its 2013 action plan and budget while a further 18 are being operated with USAID funding support. An additional district, Mumbwa, has been identified for expansion of focalized infection detection activities. Initial visits were made to the district and the relevant provincial office to introduce this program as well as to schedule training dates.

4. TASK THREE: IMPROVE COMMUNITY INVOLVEMENT

4.1 COMMUNITY HEALTH

4.1.1 TRAINING OF NEIGHBORHOOD HEALTH COMMITTEES

In the second quarter, 18 provincial and district level staff from Northern, North Western, Central, Southern, Muchinga and Luapula Provinces were trained as trainers for community health planning using the simplified community health planning guide. After being trained, they in turn trained Neighborhood Health Committee (NHC) members from 23 health centers covering six districts (Nchelenge, Mbala, Nakonde, Mwinilunga, Sinazongwe and Kapiri-Mposhi) in community health planning using the same guide. The purpose of the training was to build the capacity of community health groups in health planning. The guide is meant to help communities better understand the process that has already been defined in the health center/community guidelines. Therefore this simple step-by step guide was developed to assist communities come up with realistic and implementable community based health plans. A total of 600 (330 males and 270 females) were trained. The training program was also used as a means of piloting the newly developed training guide. The guide is now undergoing final edits in preparation for printing.

Community health planning training in process at Waikwika RHC in Nakonde District – Muchinga Province

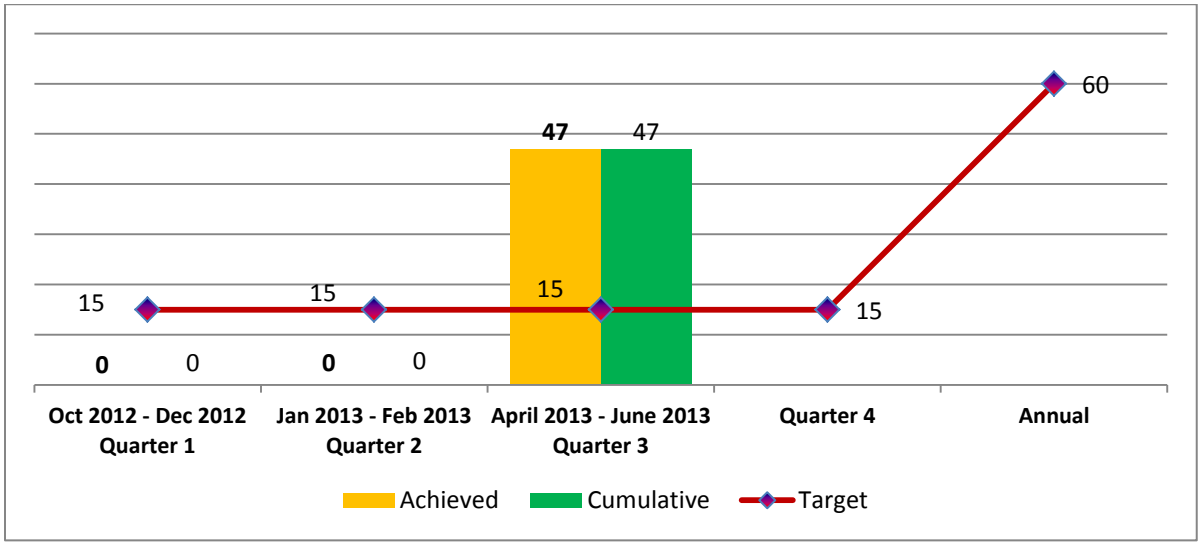
4.1.2 SUPERVISION OF NEIGHBORHOOD HEALTH COMMITTEES

Community Health Coordinators (CHCs) conducted quarterly support supervision visits to review the implementation status of community health related activities. A total of 14 NHCs were visited. The NHCs had implemented health promotion activities in their communities, and most of them were able to conduct meetings, though not regularly. The NHCs had support from their local leaders such as the headmen and church leaders just to mention a few examples. The issue of transport such as bicycles has remained a challenge as some NHCs live very far away from their health facilities.

4.1.3 TRAINING OF SAFE MOTHERHOOD ACTION GROUP TRAINERS

ZISSP trained 47 SMAG (17 males, 30 females) trainers drawn from 36 health facilities across nine district health offices (Lufwanyama, Shangombo, Serenje, Mbala, Mwinilunga, Sinazongwe, Nchelenge, Chongwe, and Mambwe) and one Provincial Health Office (PHO) (Copper Belt) in Livingstone with support from ACNM. This brings the total number of SMAG trainers across the country to 198 (75 males and 123 females). With the current number of SMAG trainers spread evenly spread across the country and provinces, the country now has enough trainers to sustainably carry out SMAGs trainings in their respective provinces.

Figure K ***Safe Motherhood Action Group Trainers***



4.1.4 TRAINING OF SAFE MOTHERHOOD ACTION GROUPS

ZISSP conducted SMAG pre-assessment exercises in four health centers per district in Shangombo, Mbala, Chongwe and Serenje. The aim was to assess and ascertain the readiness of

the facility as well as the community in implementing community based safe motherhood activities. The data collected will serve as baseline for measuring future program success.
In quarter two, 1,043 – (471 females and 572 males) SMAG members were trained in seven districts covering 28 health facilities. A cumulative total of 2,464 (1,113 males and 1,351 females) have been trained to date. This is 82% of the end of project target of 3,000 SMAG members to be trained.

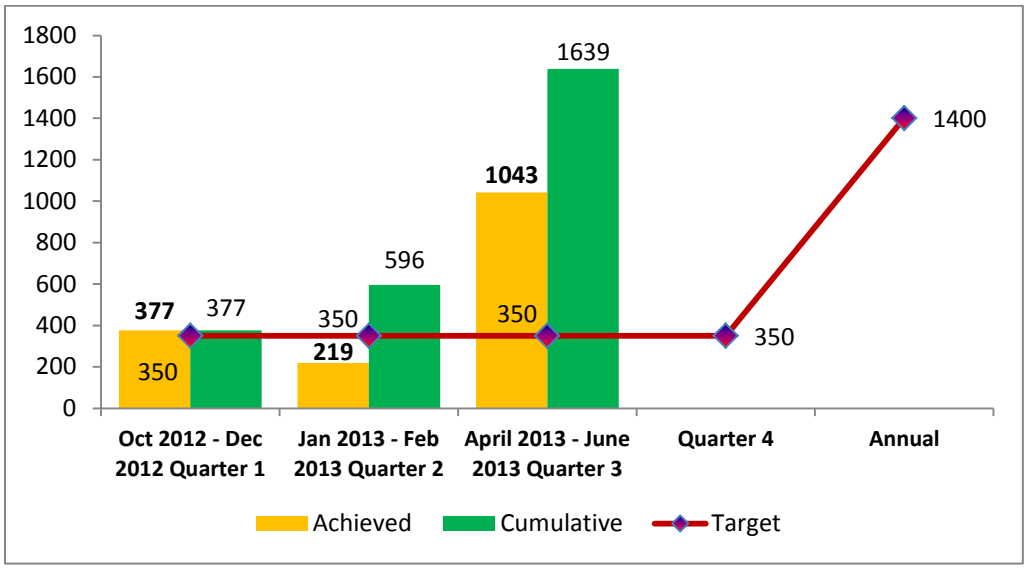


Figure L ***Shows Achievements for Safe Motherhood Action Groups members trained***

4.1.5 TECHNICAL SUPPORT SUPERVISION TO SMAGS

CHCs provided technical support supervision to SMAGs in 4 districts and 15 health facilities and held meetings with 300 SMAG members. There was evidence of increased institutional deliveries in most of the health facilities, and more women were reporting early for antenatal care. SMAGs have been holding monthly meetings to share experiences, and this is impacting positively on program implementation. SMAGs were motivated by materials such as budges, T-shirts, gum boots, bags and chitenges. This could be seen from the increased numbers of clients being reached through community meetings and referrals to facilities for various maternal and new born health services. The main challenge identified was the weak link between facility staff and SMAG members in terms of supervision. There are plans to train 35 SMAG mentors from among the trainers who will be providing routine mentorship, supervision and monthly data collection and analysis. This exercise will be done with support from ACNM and it is aimed at strengthening data collection, analysis and utilization at health center, district as well as policy level. The exercise is also aimed enhancing SMAG member's community engagement skills and social mobilization

4.1.6 MONITORING OF SMAG WORK TO DOCUMENT IMPACT

In an effort to systematically monitor the impact of the work of the SMAGs, ZISSP is designing a system to analyze data coming from the SMAGs work on a routine basis. Preliminary data analyzed from the work of the SMAGs in North-Western Province, Mwinilunga District shows that selected indicators are showing a positive trend from baseline – January to June 2013.

SMAG Performance – Mwinilunga Districts, 1st 6 months of 2013

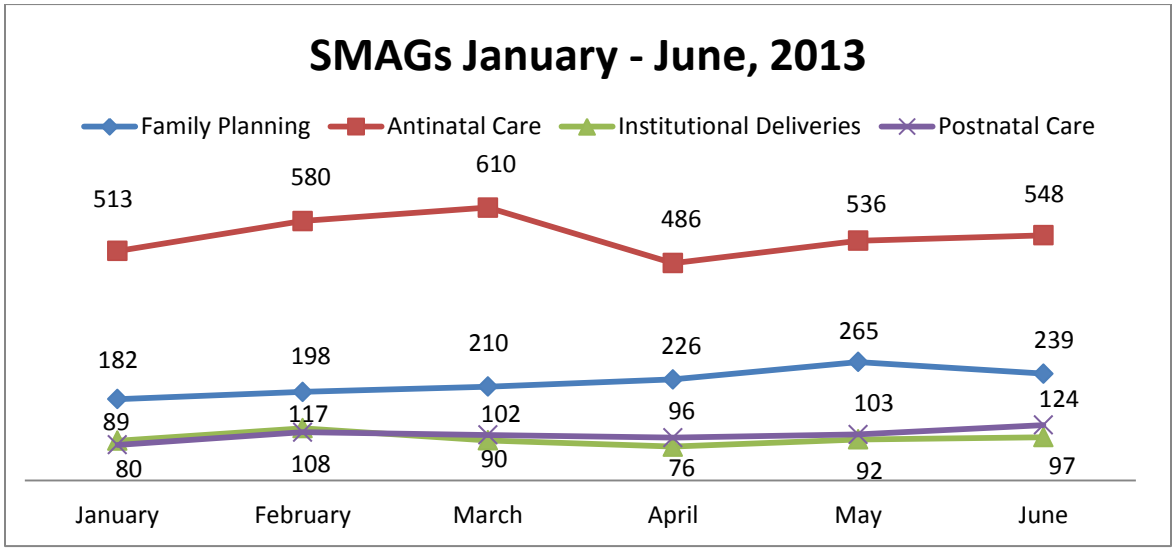


Figure M *SMAG Performance – Mwinilunga Districts*

4.2 GRANTS PROGRAM

4.2.1 GRANT FUNDS DISBURSEMENT

ZISSP disbursed KR975, 017.04 to grantees for various activities including training of SMAGs, community based volunteers (CBVs) as positive living advocates, community engagement in planning, rapid diagnostic testing and case management, and family planning; procurement of materials such as bicycles, T-shirts and chitenge to support the work of CBVs; and BCC activities for preventive and health seeking behaviors related to HIV/AIDS, malaria, family planning, child health and nutrition.

To date, the program has disbursed KR2, 770,486.97 to 10 grant recipient organizations. This figure represents 68.78% of the total KR4, 027,794.13, which is targeted to be disbursed during the period from the August 1 2012 to January 31 2014 granting season.

4.2.2 TECHNICAL SUPPORT SUPERVISION TO GRANTEES

ZISSP continued to provide technical support supervision to the grantees to ensure they are performing according to the planned milestones and activities and whether activities are meeting adequate technical standards. Below is a summary of the highlights from the supervisory visits:

- Most grantees were on course in their activity implementation, as they had implemented most of their work plan activities.
- Grantees are working with already existing structures, such as NHCs and traditional leadership. This has promoted community involvement and ownership as traditional leaders see the projects as their own, and not as a foreign concept. A good example is Makumbi Rural Health Center in Mpika District where community volunteers in collaboration with traditional leaders have ensured that each household has a proper toilet, bathroom, rubbish pit and clean surroundings. This has reduced incidences of malaria and diarrheal diseases.
- Grantees have come up with strategies to create and strengthen systems as they implement their activities. Groups Focused Consultations (GFC) has started the process of linking their youth friendly corners to the Ministry of Youth and Sport for sustainability purposes. At Mabumba Rural Health Center in Mansa, GFC has facilitated the registration of the youth group, which is a requirement for affiliation with the Ministry of Youth and Sport. Once affiliated, the youth groups will be eligible for support, including financial assistance from the Ministry. The Mpika Home Based Care Program has partnered with the Churches Health Association of Zambia (CHAZ) for a continuous supply of rapid diagnostic testing (RDT) kits.
- Most of the grantees visited had weak monitoring and evaluation and financial management systems, while a few of them did not regularly submit activity reports. ZISSP provided capacity building in the identified gaps and will follow-up to ensure that performance is improved.

4.2.3 TRAINING OF GRANTEES IN THE BCC FRAMEWORK

Following the development of the behavior change communication (BCC) framework by the BCC Team, ZISSP in collaboration with the MOH and the MCDMCH conducted the training of grantees in BCC planning and implementation. The purpose was to provide the grantees with knowledge and skills in community level BCC planning and implementation to enhance their capacity in health promotion delivery, and that the quality and content of BCC activities is in line with standards established by the project. A total of 20 (15 males, 5 females) participants were trained, representing 53% of the ZISSP project target of 40 participants to be trained in BCC planning and implementation. ZISSP also provided 11 copies of the BCC framework to be used as reference materials by the grantees.

In the next quarter, ZISSP will facilitate the process to link the grantees to the district BCC coordinating committees. This will enable the grantees to network with the other stakeholders that are engaged in BCC and health promotion activities within their respective districts.

4.2.4 THE NEW GRANTING CYCLE

The ZISSP grants team conducted a National Grants Support Team (NGST) meeting. The purpose of the meeting was to review documentation in the selection package for the nine grantees that ZISSP will be funding in the second cycle and to align their scope of work to the ZISSP program areas. These were among the organizations recommended for funding by the Grants Support Teams (GSTs) during the 2012 selection season.

The NGST will conduct a meeting to orient the nine new grantees to ZISSP focus areas and the M&E plan. During the same meeting, grantees will finalize their scope of work and budgets to facilitate the development of the selection memo for USAID approval and other award documents.

4.3 BEHAVIOR CHANGE COMMUNICATION

4.3.1 RADIO DISTANCE LEARNING PROGRAM FOR SMAGS

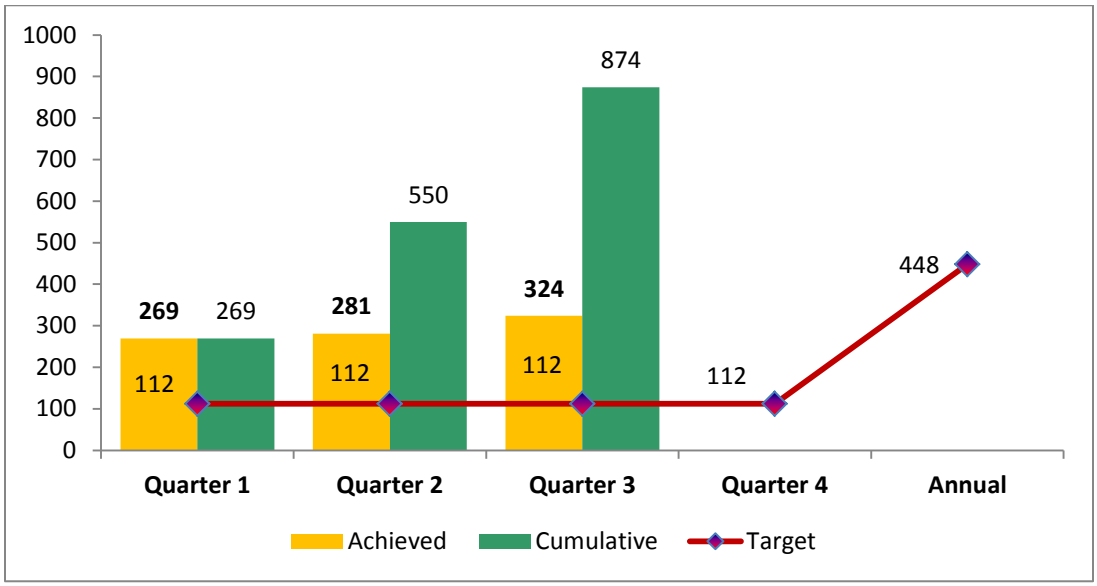
ZISSP in collaboration with the MOH and MCDMCH has continued to work on the Distance Learning Radio (RDL) program for SMAGs to promote community engagement and dialogue and reinforce safe motherhood messages. To ensure effective implementation of the program the following activities were completed in the second quarter of 2013:

- Orientation of community Radio Distant Learning monitors in all the six focus districts by the media consultant
- Training of SMAG RDL discussion leaders and listening groups in the RDL management: Kalomo -82, Serenje - 16, Mansa – 98 and Luanshya - 34
- Production and printing of 500 flip charts, posters and RDL logos.
- Distribution of RDL radios, posters and flip charts (support materials) to the six target districts (Nyimba, Mambwe, Mansa, Kalomo, Luanshya and Mwinilunga) that are participating in the program.
- National Launch of the RDL program which was developed to supplement SMAGs trainings and promote local dialogue to solve safe motherhood barriers. The program was launched by the Minister of Community Development Mother and Child Health. In

attendance was also USAID and partners in safe motherhood implementation. The launch took place on 30th May 2013.

- ❖ Airing of program promos on community radio stations in the target districts.
- ❖ Airing of the RDL programs, which started on 15th June, 2013; so far programs one, two and three had been aired.
- ❖ Conducting monitoring visits of the implementation of the RDL program to three listening groups in Kalomo District (Sipatunyana, Dimbwe and Siachitema); six listening groups in Mambwe District (Chitempa, Madimba, Senzi, Lupande, Fwalu and Chikosi) and two listening groups in Nyimba District (Chipembe & Mtilizi).

Figure N ***Below shows people trained in Behavior Change Community***



4.3.2 DRAMA CAPACITY BUILDING STRATEGY DEVELOPMENT

In quarter two, training of drama group members in Mwinilunga, Kalomo and Nyimba Districts was completed. In the three districts, a total of 74 (46 males and 28 females) members of the community drama groups were trained. Preparations for scaling up the community drama group training in the remaining districts, Mansa and Luanshya have started.

The drama props (drums, costumes, shackles, and megaphones) for trained community drama groups were procured and delivered to the health centers serving these drama groups.

5. CROSSCUTTING PROGRAM AND MANAGEMENT SUPPORT

5.1 MONITORING AND EVALUATION

Effective monitoring is important for successful program implementation and achieving impact. The ZISSP program monitoring system focuses on the implementation of program activities. It is designed to give program staff the opportunity to review their achievements against set targets.

5.1.1 PERFORMANCE MONITORING AND EVALUATION PLAN

During the quarter under review, ZISSP implemented a data management flow chart for both quantitative and qualitative indicators which was developed in the first quarter. The chart shows the step by step process of data submission on report generation. This process has improved data quality and accuracy in terms of generating the monthly and any other type of reports. This has further strengthened the M&E system in data quality assurance and quality control.

5.1.2 PROGRAM MONITORING AND EVALUATION DATABASE

ZISSP has upgraded the M&E data management system to MS Access/MS SQL server to improve data sharing by creating an environment in which program staff have ready-access to the data and improve data integrity and security. The new database consists of MS Access which is being used as front end for entering data and viewing the reports, and MS SQL server which is used as back end to store all the data. The data migration process into the new systems has since started and it is expected to be completed in the third quarter. This new database will reduce on data entry errors and time spent in cleaning the data before generating the reports.

The M&E unit developed a system of working very closely with Finance Department by tracking cash flow requests for each month and follow ups are made to the specific team leaders were training forms have not been submitted.

5.1.3 REPORTING

The M&E team was very instrumental in the preparation of the ZISSP mid – term evaluation. Different presentations were made to the evaluation team by the different program specialists. The purpose was to enable the evaluators have a good understanding of how the program is

being implemented. The team compiled all the major program achievements in form of quarterly, semi –annual, annual and portfolio reports and these were submitted to the evaluators to facilitate program evaluation.

The 2013 Semi-Annual Performance Report (SAPR) and the Portfolio Report (PR) were submitted to USAID on time. These reports provide program information which helps to guide decisions in program planning. Further, these reports show the program performance against the annual targets which gives an opportunity for the program staff to strategize on how to implement the programs.

5.1.4 DATA MAPPING

ZISSP has mapped all its training and mentorship data from the database. The program procured ARC GIS software which will be used to link mapped data to the ACCESS database so that the maps will be updated internally on a quarterly basis by a GIS specialist.

5.1.5 TECHNICAL SUPPORT

During the quarter under review, the team reviewed a number of Terms of Reference all program assessment from the different program areas which included: Family Planning, Adolescent Reproductive Health, EmONC, Zambia Management and Leadership Academy and Malaria.

The DEM assessment was finalized and submitted to MOH and USAID. The findings will be used to enhance the quality of training and practice for the DEM program. The team coordinated an assessment of the Zambia Health Workers Retention Scheme under Human Resource for Health. The overarching objective was to assess the implementation progress of the ZHWRS and take stock of its achievements against planned targets and intended benefits. The evaluation was also meant to assess the impact of the ZHWRS on health service utilization and its sustainability.

The team continued to strengthen the working relationship with the MOH through participating and providing technical assistance at various forums through TWG meetings, cooperating partners and stakeholder meetings.

Under the grants program, the M&E team provided technical support and developed the databases and management tools for all the 11 grantees. This was shared with the M&E officers from grantee organizations.

5.2 GENDER

5.2.1 COMMUNITY AND GENDER

The unit led the training of trainers' workshop with participants from five provinces across the country in the simplified community health planning guidelines incorporating gender as a way of building a pool of national trainers for this year and beyond. The trainees for the pilot state came from the following provinces: Central, Northern, Muchinga, Luapula, and North Western. The training met two main objectives; creating a pool of initial trainers as well as using the sessions to refine and receive comments on the content and suitability of the training package. The manual has since been refined and is being finalized.

5.2.2 SUPPORT TO THE ANNUAL PLANNING LAUNCH

In support of the MOH annual planning launches, two generic presentations, one on ZISSP and other partners' support to the Community Health Assistant (CHA) School and the other on gender planning focus areas were prepared and sent to all the Community Health Coordinators in all the provinces. The presentations were meant to sensitize provincial teams on the role of the CHAs in community health and the need for support to the CHA program. In addition the gender presentation sought to advocate for the need to consider gender and its role in planning for health activities as well to address various demand constraints, access and utilization of health services between and among women, men and the youth.

5.2.3 GENDER ANALYSIS REPORT

The MOH gender analysis report has been completed and submitted to ZISSP for further consideration. Once the report is approved, provincial sensitization meetings will be held for provincial and district health offices on the role of gender in health planning and service delivery. The dissemination of the report is planned for the third quarter.

5.3 KNOWLEDGE MANAGEMENT

5.3.1 TECHNICAL BRIEFS AND SUCCESS STORIES

ZISSP continued to compile and review success stories from program staff to showcase the impact of the program interventions on health in Zambia. Eleven of the success stories have since been sent for printing and distributed to staff for partners. The teams are currently working on technical briefs which will be printed as part of the ZISSP promotional materials.

More success stories have been written by the program staff and the Communications Specialist who travelled to Southern Province to document EmONC activities and to Western

Province for the pre planning meeting held in Senanga for five districts which included Senanga, Lukulu, Shangombo, Kalabo and Mulobezi.

The Communications Specialist, in June, won a photo contest whose focus was depicting Abt's work in malaria prevention, women's health, and maternal health. She was one of the three selected from a pool of 69 entries and 21 finalists submitted by Abt employees around the world. The photo took top honors in Abt Associates' Second Annual Real-World Impact Photo Contest. The Photos were judged based on their depiction of Abt's work, technical merit, and emotional power.

5.3.2 COMMUNICATION STRATEGY

The first draft of the communication strategy on the ZISSP deliverables has been submitted to senior management for their review and for their comments. ZISSP recognizes the importance of developing the deliverable production and dissemination strategy as way of ensuring that all the contract deliverables are produced and disseminated as stated in the contract. The strategy will review the ZISSP deliverables list to determine what is expected in the last two years of the project.

This strategy also defines the deliverables that will typically be consumed and produced across ZISSP. These deliverables are the non-contractual and contractual or formal work products of the ZISSP project.

5.3.3 EVENTS

The unit assisted with the preparations of the launch of the Radio Distance Learning Program for the Safe Motherhood Action Groups (SMAGs). The unit is also assisting the Zambia Management and Leadership Academy (ZMLA) with the graduation ceremony which will take place on 27th September.

5.4 FINANCE AND ADMINISTRATION

During the quarter ending 30 June 2013, the Finance and Administration Department focused on the following;

- Continued provision of logistics for the implementation of planned activities including hosting of the all staff quarterly review meeting.
- Support to the IRS project implementation in procurement and logistics provision.
- Trained accounting staff in Online ROV reporting through the International Site Management System (ISMS) in order to improve on efficiency and availability of accounting data.

- Provided field financial support to grantees.
- Embarked on the reorganization of storage space for program materials and the office filing system.
- Oriented team leaders and provincial staff in the use of the advances module to track advances in ISMS to ensure effective tracking and management of staff travel advances.
- Trained program staff in work plan management using ISMS.

5.4.1 OVERALL BUDGET AND EXPENDITURE

As of 31 June 2013, ZISSP spent a cumulative total of US$52,359,894 against the current obligations of $64,254,474. Cumulatively, ZISSP has spent 59.44% of the total project estimated amount of the $88,092,613 ceiling.

5.4.2 HUMAN RESOURCES

ZISSP has a total of 98 staff including four senior management staff. Fifty-four are technical staff, 17 are finance and administrative staff, and 26 are drivers.
During the quarter, the Project recruited six staff including one Geographical Information System (GIS) Specialist, one Nutritionist, and one Save Mothers Giving Life (SMGL) Coordinator for Lundazi in the Eastern Province, one Clinical Care Specialist for Luapula Province, one Human Resources Manager and one Grants Accountant.

Three employees separated from ZISSP through resignations. These included the Child and Reproductive Health Team Leader, Program and Executive Assistant and the SMGL Coordinator for Lundazi in Eastern Province. The Company unfortunately also lost one staff member as a result of death, Jones Malambo, who was the Community Health Coordinator for Western Province. He died after a short illness. The recruitment process to fill the vacancies is in progress

5.5 INFORMATION TECHNOLOGY

5.5.1 IT MAINTENANCE

The Service Level Agreement (SLA) for all IT hardware is now in place. Netcom, a local Lenovo and HP warranty center has been selected to provide warranty and maintenance services for ZISSP. The first quarter hardware servicing has already taken place for four laptops identified for repair. An inventory of all hardware has also been conducted and this will be fed into the organization's overall inventory. All hardware is now being reviewed to gauge whether warranty extension is needed to be in line with the project's lifespan.

5.5.2 ABT GLOBAL INTRANET

During this period, ZISSP has also instituted measures to improve collaboration among staff in the organization. Using an organization wide intranet, Abt Global Intranet (AGI), staff will now find it easier to access information and process their daily timesheets more efficiently than before. ZISSP has also setup a monitoring system to check on compliancy for timesheet submission. This system will ensure that staff comply and therefore, reduce the incurring labor costs for the company as a result of not submitting timesheets in a timely manner.

5.5.3 CALL ACCOUNTING

ZISSP has also finalized the in-house phone billing system with the first billing to staff for non-work related calls due July 2013. This is aimed at reducing the cost of operations by ensuring that non-work related costs are charged to the staff and not the organization.

5.5.4 SPICEWORKS

ZISSP has strengthened its inventory system using an application called Spiceworks, which will capture all IT equipment on the network, ensure hardware and software compliancy and assist the department in being more proactive in providing information and support to the organization.

CHALLENGES AND SOLUTIONS

CHALLENGES	SOLUTIONS
Lack of reporting forms for community level interventions	In the next quarter, ZISSP will support the MOH, MCDMCH and the National Food and Nutrition Commission (NFNC) to develop a reporting system for community levels
Delays in undertaking some of the planned activities due to non-clarity of who between two ministries is leading the activity	Both ministries are being engaged at every stage; where possible at implementation stage both ministries are being represented

6. FOCUS AREAS FOR THIRD QUARTER

Below are key activities planned for by each of the major ZISSP technical program areas

HUMAN RESOURCE FOR HEALTH (HRH)

- Support the MOH to undertake a feasibility study of the 3 pilot sites chosen for the piloting of the HRIS.
- Conduct a training of trainers workshop on the HRIS for 60 Human Resources staff from MoH and MCDMCH
- Support the holding of quarter 2 quarterly performance review meeting for the DHRA.
- Support the holding of monthly meetings for the Human Resources Technical Working Group
- Finalize the ZHWRS evaluation study report
- Develop Terms of Reference for the ZHWRS sustainability strategy
- Recruit and place a Technical Officer to support the management of the ZHWRS at the MCDMCH

MATERNAL, CHILD HEALTH AND NUTRITION, FAMILY PLANNING (MNCH)

- Conduct Facility IMCI training for the remaining 12 health workers in Kalomo, Gwembe and Sinazongwe Districts
- Support dissemination of the launched Newborn Care Framework to the 27 ZISSP target districts
- Develop an orientation package to support training of facility and community volunteers in integrated ORT corners in selected ZISSP target districts
- Train nurse tutors using ICATT from 1 Nursing school
- Conduct mentorship visits for IMCI and RED strategy trained staff
- Support MOH and MCDMCH to develop monitoring and evaluation tools for community based nutrition activities
- Support MOH, NFNC and MCDMCH to develop adolescent, maternal and infant nutrition guidelines for health workers.
- Train 21 health workers from Nchelenge, Chiengi, Solwezi and Mwinilunga in EmONC
- Conduct EmONC mentorship for trained health workers in Central Province
- Orient 32 district managers and supervisors in EmONC
- Conduct skills lab management training for nurse tutors and clinical instructors from Livingstone, Ndola and Chilonga Nursing Schools
- Train 25 nurse tutors and clinical instructors in LTAP
- Train 25 health providers in LTAP from Luangwa and Chongwe districts

- Finalize FP and community based distributors training manuals
- Review existing MOH/MCDMCH FP guidelines
- Train 50 community based distributors' supervisors from 13 ZISSP target districts
- Finalize development of the following documents: ADH Peer Educators training manual, ADH Communication Strategy and ADH Health Workers Training Manual
- Support training of 20 peer educators to pilot the ADH peer educators training manual
- Support monthly district SMGL partners' meetings
- Support training and technical support supervision of SMAGs
- Support Maternal Death Review meetings

CLINICAL CARE

- Provision of technical support supervision by the MOH TWG to provincial and district QI committees
- QI training of health workers in the provinces
- Monitoring of performance improvement of the five MOH QI indicators in the five selected Model Health Facilities in each province and conduct the impact assessment of QI projects including mentorship
- Scale up of clinical mentorship by all the CCTs at all levels including collaboration with EmONC, IMCI and malaria teams to leverage resources
- Develop a protocol for the evaluation of clinical mentorship and QI in Model Health Facilities.

MANAGEMENT SPECIALISTS (MS)

- Technical assistance provided to MOH and MCDMCH to complete the 2013 annual planning process for 2014-16 MTEF.
- Technical support provided to the MOH M&E unit to pilot the newly developed DQA guide to provincial and district level program officers and finalize development of the same.
- Technical assistance provided to the MOH-DTSS to finalize revisions to the performance standards based on revised PA tools.
- ZMLA curriculum and program review to prepare for the second phase of ZMLA recruitment.
- Facilitation of preparations and graduation of first 367 trainees from ZMLA program.
- Completion of workshops and mentorship sessions targeting the 102 participants who have not met the graduation criteria.

MALARIA

- Support the training of spray operators for the 2013 spray season in 20 PMI supported districts
- Support IRS implementation in 20 PMI supported districts
- Train health workers in FANC, iCCM and malaria case management
- Conduct health facility supervision visits
- Distribute IRS commodities to the 20 PMI supported IRS districts
- Train PMOs and DMOs from 20 PMI-supported IRS districts in IRS logistics management
- Orient IRS managers to IRS implementation guidelines
- Conduct Geocoding in two districts

COMMUNITY

- Facilitate the training of new grantees in grants management, organizational capacity building and BCC.
- Provide funds to new and old grantees.
- Provide technical support supervision to grantees to ensure activities are implemented within USAID and Abt/ZISSP standard guidelines
- Facilitate close out processes by 10 grant recipient organizations that were funded in the first cycle
- Monitor the implementation of the RDL listening group meetings
- Develop BCC material catalogue/collect, consolidate and package materials to be used by Provincial Health Focal Point Person, District Health Promotion Focal Point Person
- TOT for Senior Health Promotion Officer and the Community Health Coordinators and Provincial AIDS Coordinating Advisors in the BCC planning package
- Design and print the integrated traditional leaders' tool kit for involvement in planning as change agents.
- Train 240 NHC members in community health planning from eight health centers drawn from Gwembe and Chongwe districts.
- Finalize the draft community health planning simplified guide.
- Conduct follow up visits to Health Center Advisory Committees in five districts.
- Hold annual HCAC meetings in 20 health centers from five districts.
- Train 160 SMAGs in Mbala and Lufwanyama as well as train 100 SMAGs from SMGL districts.
- Provide technical support supervision in conjunction with ACNM to six Phase II districts to ensure quality in the implementation of safe motherhood activities.
- Provide technical support supervision follow up after training to nine Phase III districts.
- Start preparations for training of SMAGs mentors to be held in October 2013

MONITORING AND EVALUATION

- Prepare the PEPFAR Annual Performance Report
- Prepare the Annual Portfolio Report
- Finalize the migration of the database into the new database
- Update the mapped data
- Provide technical support to all upcoming program assessments and evaluations

GENDER

- Technical assistance to the MOH/MCDMCH gender and policy units in refining and developing specific policies such as the sector specific gender based violence for MCDMCH.
- Rolling out the gender analysis report findings.
- Commence post training TSS to communities in Northern and Muchinga provinces to ensure that they are carrying out activities that they prioritized during the simplified community planning training sessions in June 2013.

ANNEX: TRAININGS CONDUCTED IN QUARTER 3 (April – June 2013)

Technical Area	Type of Training	Province	District	Total Number Trained	Male	Female
MNCH/ HR	TOT on Performance Management Package (PMP	Muchinga	Chinsali	10	7	3
	Long Acting Family Planning Methods			0	0	0
	Community Based Distributors of family planning methods	North-Western Southern	Mwinilunga, Sinazongwe	60	31	29
	Adolescent Health/Peer Education	Northern	Mpika and Nakonde	22	14	8
	EmONC	Lusaka Eastern	Chongwe, Luangwa and Mambwe	39	16	23
Clinical Care	Clinical Mentees	Central, Copperbelt, Eastern, North Western, Northern and Western		524	279	245
Management and Leadership	Zambia Management and Leadership Academy			279		
Malaria	IPTp FANC	Central and Copperbelt	Serenje, Kapiri Mposhi, Mkushi and Luanshya	80	20	60
	Malaria Case Management	Eastern and Lusaka,	Mambwe, Chongwe, Lundazi	143	95	48
Community	Safe Motherhood Action Group	Western Southern and Eastern	Lukulu, Kalomo, Nyimba and Lundazi	1043	471	572
BCC	SMAG RDL leaders/ listening groups	Copperbelt, Central, Luapula, Southern	Luanshya, Serenje, Mansa, Kalomo	230	114	116
	Drama	Southern, Eastern, North Western	Kalomo, Mambwe, Mwinilunga	74	46	28
	BCC Grants	Central	Kabwe	20	15	5

Annex 2: ZISSP Indicator Report for April - June 2013

No.	Indicator	LOP target	LOP achievement	Annual Target	Quarter 1 (October 2012 - December 2012)	Quarter 2 (January 2013 - March 2013)	Quarter 3 (April 2013 - June 2013)
1.1.1	Number of policies, guidelines, procedures, or system changes that are identified, reviewed, adopted, institutionalized, and/or implemented with ZISSP support.	n/a		n/a			
2.2.1 a	Number of health care workers who successfully complete an in-service training program within the reporting period						
	Clinical Mentorship	9,200	5,934	3,000	1195	510	612
	Health Systems Strengtening						
	(MLA)	1,642	1,688	980	587	159	279
	(Planning, PMP, MBB, HR, CHA Supervisors)	1,813	1,839	557	204	292	73
	Males		1,201		129	162	55
	Female		638		75	130	18
2.2.2	Number of new health care workers who graduated from a pre-service training institution within the reporting period	580	307	330	0	0	0
	Males		145		0	0	0
	Female		162		0	0	0
2.2.3	Number of people trained in family planning and reproductive health with USG funds	900	472	200	71	28	60
	Health Workers	360	223	80	23	28	0
	Males		88		11	25	0

	Female		135		12	3	0
	Community	540	249	120	48	0	60
	Males		127		28	0	31
	Female		122		20	0	29
2.2.4	Number of people trained in maternal/newborn health through USG supported programs	3,750	2,974	1,190	397	239	1,129
	Health Workers (EmONC Providers)	340	312	120	20	20	39
	Males		126		6	9	16
	Female		186		14	11	23
	Health Workers (SMAG Master Trainers)	410	198	150	0	0	47
	Males		75		0	0	17
	Female		123		0	0	30
	Community health volunteers**(SMAGs)**	3,000	2,464	920	377	219	1043
	Males		1,113		173	101	471
	Female		1,351		204	118	572
2.2.5	Number of people trained in child health and Nutrition through USG supported programs	2,148	2,047	366	77	133	247
	Health Workers	1,488	1,406	96	**77**	**108**	**157**
	Males		755		41	65	105
	Female		651		36	43	52
	Community	660	641	270	**0**	**25**	**90**
	Males		313		0	14	46

	Female		328		0	11	44
2.2.6	Number of children who received DPT3 vaccine by 12 months of age in ZISSP districts	2,047,000	1,038,970	398,000	0	0	0
2.2.7	Percent of children who received DPT3 vaccine by 12 months of age	74%	1	73%	0	0	0
2.2.8	Number of children under 5 years of age who received Vitamin A from USG-supported programs	12,351,000	4,310,839	2456000	0	0	0
2.3.1	Number of people trained with USG funds to deliver IRS	7,201	5,457	915	0	0	0
	Supervisors		531	60	0	0	0
	Male		421		0	0	0
	Female		110		0	0	0
	Spray Operators		4,926	855	0	0	0
	Male		3,420		0	0	0
	Female		1,506		0	0	0
2.3.2	Number of houses sprayed with IRS with USG funds	4,953,712	2,018,631	531,791	0	0	0
2.3.3	Number of houses targeted for spraying with IRS with USG funds	3,635,464	531,791	460,000			0
2.3.4	Number of health workers trained in IPTp with USG funds	1,656	553	360	46	40	80
	Males		182	NA	30	16	20
	Female		371	NA	16	24	60

2.3.5	Number of people trained in malaria case management with ACTs with USG funds						
	Community Health Workers	1,512	958	540	0	153	143
	Males		725		0	102	95
	Female		233		0	51	48
1.1.1.2	Number of updated program manuals, clinical guidelines, protocols, or training curricula are in place and in use for specific high-impact service areas (HRH, FP, EmONC, Malaria, Planning, CHN, HIV/AIDS)	n/a	13	n/a	1	0	0
3.2.1	Number of people trained in BCC/IEC methods or materials in ZISSP target districts.	3280	1,409	450	269	281	324
	Male		895		174	182	175
	Female		514		95	99	149
1.2.1	Malaria incidence in selected districts	97 per 1000	356	208 per 1000			